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THE

# Chicago Medical Journal

AND

# EXAMINER.

ISSUED TWELVE TIMES A YEAR.


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VOL. XXXII. — OCTOBER, 1875. — No. 10.

## Original Communications.

### THE CAUSES, PATHOLOGY, AND INDICATIONS FOR TREATMENT, OF BOWEL AFFECTIONS OF YOUNG CHILDREN.

READ BEFORE THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

BY N. S. DAVIS, M.D., CHICAGO.

The very great mortality among children under three years of age, from affections of the alimentary canal, during the two warmest months of the year, has very properly attracted the attention of many, both in and out of our profession. And as there is an increasing desire on the part of the more enlightened citizens in our large cities, to mitigate the suffering and lessen the mortality among these little ones, it is very desirable that the efficient causes of the sickness and mortality should be well understood. For on this will depend the judiciousness and efficiency of the prophylactic and sanitary measures to be adopted for their benefit.

In looking over the statistics of mortality in this city, from June 1st, 1874, to Aug. 1st, 1875, we find the following results:

| | 1874. | | | | | | | 1875. | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | June. | July. | Aug. | Sept. | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May. | June. | July. |
| Deaths over five years | 222 | 279 | 284 | 239 | 258 | 222 | 263 | 284 | 197 | 271 | 288 | 290 | 228 | 236 |
| Deaths under five years and over two. | 31 | 58 | 44 | 48 | 41 | 36 | 36 | 50 | 31 | 63 | 52 | 68 | 38 | 58 |
| Deaths under two years | 312 | 1123 | 841 | 517 | 261 | 162 | 146 | 209 | 215 | 216 | 323 | 218 | 263 | 874 |
| Total Mortality | 565 | 1460 | 1169 | 804 | 560 | 430 | 445 | 543 | 443 | 550 | 663 | 576 | 529 | 1168 |

It will be seen by the details of this table that the gross mortality in fourteen months, was 9905; and of this number 5680 were literally babies under two years of age; only 654 between two and five years; and 3571 over five years of age.

The mortality over five years of age is distributed pretty uniformly throughout the year, the lowest being 197 in February, and the highest 290 in May.

The same is true of the mortality between two and five years of age, the lowest being 31 in each of the months of February and June, and the highest 68 in May. The mortality of infants under two years, however, follows a very different rule; the lowest being 146 in December, and the highest 1123 in July, 1874, and 874 in July, 1875. Indeed, almost half of the entire mortality of infants is crowded into the months of July, August and September of each year. The increase is abrupt and rapid, as will be seen by comparing the numbers for June and July of each year. For instance, the deaths in June, 1874, were, under two years of age, 312, in July, 1123; in June, 1875, 263, and in July, 874. Or, to make the comparison still closer, the week ending June 26, 1875, gave 69 deaths under two years, while the next week, ending July 3rd, gave 140; the next, ending July 10th, 183; and that ending July 17th, 253, which was the highest for any week during the present summer. In 1874, the week ending June 20th, gave a mortality under two years, of only 48; the next week, ending June 27th, 104;

that ending July 4th, 131; that ending July 11th, 250; and the next, ending July 18th, 281, which was the climax for that year. The decline of infant mortality after reaching its climax, about the middle of July, is more gradual than the access, and extends through August and September, reaching in October about the average for the remainder of the year.

If we turn again to the details of the mortality tables, we shall find nearly all of the increased infant mortality during July, August, and September, to be caused by affections of the alimentary canal. This is illustrated by the following table, made up from the returns to the Board of Health:

| | 1874. | | | | | | | 1875. | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | June. | July. | Aug. | Sept. | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May. | June. | July. |
| Cholera Infantum | 71 | 604 | 393 | 209 | 34 | 5 | 1 | 1 | ---- | ---- | 14 | 7 | 41 | 403 |
| Cholera Morbus | 2 | 11 | 7 | 1 | 1 | ---- | ---- | ---- | ---- | ---- | ---- | ---- | 1 | 12 |
| Diarrhœa | 6 | 74 | 81 | 45 | 22 | 7 | 4 | 6 | 3 | 2 | 13 | 3 | 18 | 86 |
| Dysentery | 6 | 47 | 47 | 29 | 20 | 3 | 1 | 1 | 4 | 2 | 8 | 1 | 9 | 45 |
| Total Bowel Affections | 85 | 736 | 528 | 284 | 77 | 15 | 6 | 8 | 7 | 4 | 35 | 11 | 69 | 546 |

It is thus seen that of 1796 deaths from diseases classed under the heads of cholera infantum, cholera morbus, diarrhœa, and dysentery, 1548 occurred during the months of July, August, and September, leaving only 248 for the other nine months of the year. Of the 1796 deaths at all ages, from bowel affections, 1339 are from cholera infantum alone. And of the 1339, there occurred in July 604, August 393, Sept. 209, making an aggregate of 1206 in these three months. Of the remainder, 71 occurred in June, and 34 in October, leaving only 28 in the other seven months of the year. The facts developed by this analysis of the mortality of our city for the past twelve or fourteen months, are in exact accordance with the facts of every year, and are equally illus-

trated by the mortality statistics of every city located in the middle and northern belts of the United States, east of the Rocky mountains.

Substantially, then, we may say that the bowel affections of children are strictly endemic and limited definitely to the warm season of the year. A disease, or group of diseases that recurs with so much regularity every year, and proves so destructive to infantile life, must have fixed and definite causes on which it depends. First among these causes we must place heat, or certain elevation of atmospheric temperature. Twenty-five years of observation in this city, have led me to regard the first week of continuous hot, summer weather, that occurs after the middle of June, in this locality, as developing the beginning of the bowel affections of children for that season, with as much certainty as any other event in nature. This is well illustrated by comparing the tables already given with the meteorological conditions as exemplified in the tables furnished for the Signal Service Bureau. For instance, in June, 1874, the weeks ending the 13th and 20th respectively, gave an average mean daily temperature of 63.6° and 72.4° F., and only 1 death from cholera infantum was reported during the first, and 3 during the second. But the next week, ending the 27th, gave a mean daily temperature of 80.3° F., and 40 deaths from this disease. Also in June, 1875, up to the 19th of the month, the highest daily average range of temperature for any one week was 64° F., and only 4 deaths from cholera infantum had occurred in the 19 days. But the next week ending June 26, the temperature averaged 70.4° F., and 13 deaths occurred from that disease. The effect of temperature is again shown by comparing the mortality and temperature of the same month for different years. Thus July, 1874, gave a mortality from cholera infantum of 604, and a mean daily temperature of 74.7° F., while July, 1875, gave only 403 deaths from that disease, and a mean daily temperature of 67.2° F. It is not merely the high average temperature that influences the

mortality from these intestinal affections, but its continuance through the twenty-four hours, and the extremes of the seasons. For instance, during the week ending June 12th, 1875, the thermometer rose on the 11th, at 2 P. M., to 87° F., but at 9 P. M. it had fallen to 71°, and at 7 the next morning to 50°, and no death from cholera infantum during that week.

During the week ending June 26th, the temperature rose to 72° F., at 2 P. M. of the 22d, and continued above that point night and day until it reached 83° F., on the afternoon of the 24th, making three days and nights of continuous high temperature. And it was during these three days that cholera infantum commenced its work for this year, 13 deaths from it having been reported by the end of the week. Yet the maximum temperature of this week was 4° below the maximum of the week ending June 12th. But the tables of mortality do not give us the full data for judging of the effects of temperature in the production of disease; because many who are attacked in one week will not die until from one to six weeks afterwards. Hence, to judge correctly of the relation of certain atmospheric conditions to the prevalence of any given disease, we need a record of the date of attacks instead of the date of deaths. From the observations of many years, aided by some written records, I am satisfied that 90 per cent. of all the cases of cholera infantum and serous diarrhœa that occur during each year, have their beginnings during the first four weeks of high summer temperature; which, in this city, is usually between the 20th of June and the 20th of July. During the last two seasons I have taken great care to inquire concerning the date of the initial symptoms in all cases of bowel affections in children, coming under my observation, and I have very rarely found one in August or September that had not had its beginnings in July or the last week in June.

The same remark does not apply, however, to dysentery or ileo-colitis. I will go still further, and claim as

the result of my inquiries, that four-fifths of all the attacks of cholera infantum and diarrhœa in young children develop their initial symptoms during those special periods when we have from two to five or six consecutive days and *nights* of high temperature, with stillness or only light winds and a high atmospheric moisture. Whether the morbid effects are induced by these conditions directly, or by the absence of ozone and electricity, which generally accompany the conditions named, must be left for further observation to determine.

While the atmospheric conditions just alluded to, constitute the efficient or determining causes of the disease under consideration, there are some collateral circumstances that greatly increase their efficiency. Of these, living in crowded, ill ventilated, uncleanly, and damp dwellings or localities, are of the greatest importance. To be satisfied of this, we need only to compare the ratio of infant mortality in different wards and sections of the same city. Or compare the ratio of mortality among the children of foreign born parents, with those of the native population. But all these collateral conditions exist as much at one season of the year as another, and hence it it is evident that the influence they exert is only secondary. The popular notion that a large part of the bowel affections, so destructive to infantile life, are induced by the growth of the first set of teeth irritating the gums, is sufficiently disproved by the statistical facts already given. I presume no one will pretend that there were not as many children "cutting teeth" in this city, during the months of February and March, of the present year, as in July; and yet not a death occurred from cholera infantum during the two former, while 403 were buried during the latter. That the imperfect development of the mucous membrane of the alimentary canal, and the extreme sensitiveness of the nervous structures during the first two years of life, render children during that period, extremely sensitive to the relaxing influence of high temperature combined with the coincident atmos-

pheric conditions previously stated, is true; and is sufficient to explain the great prevalence of the disease at that period of life. But that the simple growth of the teeth has any more influence than the growth of any other bone in the body, we have no reason to believe.

If cholera infantum, and the ordinary intestinal affections of young children, arise from the atmospheric conditions we have named, what is the modus operandi of these conditions? In other words, what is the essential pathology of these affections?

It is a well established fact that heat increases the *excitability* of living animal tissues, while by separating the organic atoms farther from each other, it diminishes the tonicity or force of vital affinity. When to this effect of temperature is added the depressing effect of a deficiency of ozone, that generally accompanies high temperature and high degrees of atmospheric moisture, we have just that combination of influences calculated to establish a morbid degree of sensitiveness coupled with loss of tone in the delicate mucous membrane of the alimentary canal in young children. These pathological conditions diminish the natural function of the membrane as an absorbing surface, and increase the tendency to exudation or effusion. Hence the frequent and thin discharges, varying in degree from only two or three per day, of a semi-fluid character, up to the most violent cholera morbus.

Though morbid sensitiveness and relaxation or loss of tonicity constitute the primary and essential pathological changes in these affections, yet others follow, such as general weakness, rapid loss of flesh, and in many cases the establishment of inflammatory action in portions of the mucous membrane. When this latter change takes place, there accompanies it more or less febrile action, and small mucous discharges, sometimes mixed with blood.

If what has been said in regard to the atmospheric conditions which determine the attacks of bowel affec-

tions in young children, is true, it is plain that all sanitary or prophylactic measures must have for their object an interruption of the high temperature of such seasons as we have described, or the counteraction of the effects on the living system. The most effectual methods of doing this, are the removal of the infants, either to an elevated, hilly or mountainous region, where the water would be pure, the air dry, and the nights cool; or to floating hospital ships, in which they may be carried out far enough from land to get the cooler and purer air of the sea or lake. To be effectual in *preventing* disease, these measures should be called into active operation coincidently with the first week of continuous warm weather, each year, and continued diligently until the first six weeks of high summer temperature have passed. If such measures are deferred until the middle of July, they will do very little in lessening the number of cases, because a very large majority of the cases will have already passed their initial stage. Yet they may still be of great service as curative agents in aiding to restore those already more or less sick. In cases not able to adopt either of the measures just named, the next most effectual preventive measures are free ventilation of the dwellings, and especially the sleeping rooms, judicious bathing, and whenever the temperature of the evening continues above 70° F., beyond 8 o'clock, P. M., let the abdomen and whole trunk of the body be enveloped in a towel wet in cool water, and left to dry out gradually during the night. Let the infants be taken out freely in the open air during the pleasantest part of each day. If the child begins to look pale, its flesh to feel soft and flabby, and the passages from the bowels to be slightly more frequent and fluid than natural, the following formula may be used with great benefit: ℞. Aromat. Sulph. Acid, ʒ ij; Tinct. Opii, ʒ j; Tinct. Cinchonæ, ʒ jss; Syr. Prun. Virgin., ʒ jss. M. From five to ten drops of this may be given in a teaspoonful of water, to a child under eight months of age. From ten to fifteen drops

may be given when the child is between eight and eighteen months, and it may be repeated from one to three times a day. The indications for treatment after attacks have fairly commenced, are so directly deducible from the pathological conditions already stated, and I have, in former years, so often expressed my views of the best means for fulfilling those indications, that I will not repeat them here.

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## CLOTH TENTS.

By C. HENRI LEONARD, M.D., Detroit, Mich.

I have been using quite extensively in my gynecological practice, a tent that I have made out of cloth. It has proven of so much service to me that I have thought it might be of value to give it to the profession.

A "cloth tent" is not a new thing *in toto;* for Dr. V. A. Taliafero, of Columbus, Georgia, wrote of them some three years ago.* To him the introduction of cloth tents is generally ascribed; but they were in use a great many centuries before his time, though for a little different purpose. Hippocrates† used them for anal fistulæ, after they were medicated, and, judging from the knowledge he had of the *local* treatment of female diseases, it would not be unfair to suppose that a somewhat similar use was made of them, as Taliafero has proposed. Another way Hippocrates had of making them, was to wind a *horse hair* around four or five pieces of lint laid lengthwise, till he got the proper conoidal or tent-like form.

I had used them, as Taliafero made them, for intra-uterine applications, with but partial success. They were quite troublesome, from their great "slimsiness" when wet with a solution that was to be carried to the fundus, or by cervical mucus.

* The *Journal of the Gynecological Society of Boston*, 1872, p. 27.
† On *Fistulæ*.

Some time ago I had occasion to make Emmet's operation upon a conoid cervix, for the relief of dysmenorrhœa and sterility, and I made use of them for intra-cervical packing; that is, to keep the cut edges of the cervical canal from uniting. At the first application they were very readily introduced (a sponge-tent having previously been used), and seemed to be just the thing. On the next day's visit, the neck having contracted somewhat, I was completely foiled in their introduction, and so had to resort to lint plugging. It at once struck me that if a *wire* could be introduced, in some way, *into* the cloth cone (Hippocrates had stiffened them by wrapping them around with horse hair), their objectionable feature would be entirely removed.

On my return to the office, I tried rolling a piece of hair wire into the cone and found that it answered exactly. Since then I have made use of them for almost all purposes as a dressing-applicator to the uterine cavity. They are equally applicable for dressing any other sinus-like canal, whether from wounds or otherwise.

To make one, you need but a strip of linen 6 inches in length, by ¾ of an inch in width, a piece of hair wire 4 inches long, and a few inches of common thread. Roll one corner of the linen strip lightly between the thumb and finger, then unroll and place the centre of the wire at the corner so rolled, and then roll the cloth at this corner over it (*spirally*, just as you would go to work to make a paper lamp-lighter,) till you get *almost* to the other corner of the same end, then bend the wire upon itself (double it, in other words,) so that the two extremities will point to the unwound portion of the linen; this done, continue rolling the linen, in a *spiral* manner, about the doubled wire till exhausted, then tie with the thread the last spiral turn about the wire. You now have a tent about 2½ inches in length, and one sufficiently firm to enter *any* normal uterine canal, and most any abnormal one. You can bend it to any curve you choose to facilitate its introduction. It has still another advan-

tage over all other tents, in that you can leave it *in sitû* (as I frequently do, for 24 hours,) with *no* danger to your patient, as it is *inexpansible*, and hence no excitor of metritis, though a stimulator (from its very slight mechanical irritation) to the endometrium. By so doing you can get a *prolonged* action of a medicament upon the lining membrane of the uterus, which is impossible to get by any other method of application. Further, you need not use such energetic local applications, and you may be sure that they reach the *whole* uterine cavity; something you cannot do with our intra-uterine applicators, unless you are a very skillful manipulator. The shape of the fundus-cavity is an anatomical proof of the great difficulty of making a complete application with the common metal applicators; whereas the cloth tent, by meeting with resistance at the fundus, immediately doubles upon itself, thus occupying the whole cavity.

You can make them of any *size*, and of any degree of stiffness, by increasing the thickness of cloth, and the size, or number of doublings, of your wire. I have them of all sizes, from those suitable for an ante-puberic uterus, to one as large as your index finger.

I use them now for cleansing the uterine tract previous to an application of astringents or other medicaments thereto, and find they clean away the tenacious mucus much better than a syringe or a wisp of cotton, on Emmet's applicator. Indeed, it is invaluable in many ways. By leaving the thread without the vulva, the patient can as easily and safely remove it at her residence, as can her physician. You have only to remember to tie a string (or a colored thread) to the cotton pledget you leave in the vagina, so that she may be made aware which to remove (pull) first.

Taking all these points into consideration, with their plea of cheapness and cleanliness (to the operator, for they are thrown away as fast as used, and need be touched only with the tip of the dressing forceps,) I am sure they will commend themselves to any one

who will take the trouble to make up a half-dozen for trial.

I now submit a brief chronological *résumé* of "uterine tenting." In this history, as in that of all other histories, it is impossible not to recognize that *resurgam* is the epitaph of all things, and that history of the succession of ages is but the unfolding of the truthfulness of these prophecies. In other words, that a modern inventor can hope but to be a reviver of some long forgotten principle; at least this is oftener the case than otherwise.

SPONGE TENTS.—Re-introduced by Simpson, in 1844; were known to Aetius and Hippocrates, and in constant use by them, though in the succeeding centuries overlooked and forgotten. Aetius also used *metal* uterine dilators, similar to Peaslee's of to day.

SLIPPERY ELM TENTS.—If I should say *wood* tents, then I must say *re*-introduced by Storer, of Boston, in 1855, when in Scotland, and a student of the great Simpson. It was in an article read before the Medical and Chirurgical Society of Edinburgh, that he spoke of their usefulness. Byford, in his work on the Uterus, (1870), was, probably, most instrumental in getting them before Western practitioners; though, if I recollect aright, he has given no credit to Storer, in that work. The Hippocratic gynecologists made use of hollow *wooden* tents for opening the uterus, as well as *leaden* pipelets. There was a two-fold action, in case of the wooden ones: 1st, a swelling of the tube; and 2nd, an opportunity for the introduction of aromatic fumes (a favorite method for treating sterility, from the shutting up of the os uteri,) into the uterine cavity. After the mouth of the womb was open they applied cantharides, myrrh, etc., to the cavity of the organ. Intra-uterine suppositories were also in vogue.

LAMINARIA DIGITATA.—Introduced in 1862, by Sloan, of Ayr, Scotland. They were then unperforated. Greenhalgh, of London, afterward conceived the idea of increasing their utility by longitudinal perforation, as we now find them in the market.

LAMINARIA AND SPONGE COMBINED.—I have never seen one of this kind, but Dr. Martin, of Boston (1870), speaks of their advantage over either the "laminaria" or "sponge," when they are used separately. How his combination is made, I do not know.

CLOTH.—Hippocratic in their origin. Re-introduced by Dr. Taliafero, in 1872.

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## EXTENSIVE ABDOMINAL WOUND CAUSED BY A BULL'S HORN.

BY W. A. CARMICHAEL, M.D., LOVELAND, O.

May 27, 1873. I was called to visit Mr. Joseph Branch, of Branch Hill, Clermont county, Ohio, aged 72 years; occupation, farmer. One hour previous to my seeing him he had been gored by a bull, the horn having penetrated the right side, below the margin of the ribs, producing a transverse opening seven inches long, and entering into the cavity of the abdomen. Through this lacerated wound a portion of the bowels protruded, which were gathered up from the ground by Mr. Branch, as he stood erect, and by him replaced in the cavity of the abdomen. Having some distance to go before reaching his home, and while being conveyed there, his bowels protruded, and were replaced five times by those caring for him.

On my arrival at the bedside of Mr. Branch, I found him suffering from the shock to his nervous system, and from hæmorrhage, yet his mind was composed and firm as a general on the battle field. After removing some bloody clothes from the side, the intestines again escaped, or a portion of them, consisting of the ascending colon and omentum. After cleansing them of all dust and dirt, I once more returned them to the cavity of the abdomen, closing the opening with sutures and adhesive plasters, and then, applying the water-dressing compress

and bandage, gave an opiate from which rest was procured.

Wednesday, May 28th. Reaction fully established; good night's rest; no fever. Continued same treatment.

Thursday, 29th. Patient rested well; no fever; ordered cathartic.

Friday, 30th. Had a good night's rest; cathartic acted freely; changed plasters; continued water dressing, with solution of carbolic acid to cloths.

Saturday, 31st. No material change; pulse natural; no inflammation; some fullness at seat of injury; treatment continued.

Sunday, June 1st. Removed dressings and a portion of the sutures; some little suppuration.

Monday, 2d. Removed the remaining sutures; continued support, with the adhesive strips, carbolic ointment, compress and bandage; bowels move regularly; the fullness remains in side, but no inflammation; some soreness.

Wednesday, 4th. Patient continues to do well; thinks of plowing corn if no danger; advised to keep quiet.

Saturday, 7th. Removed dressings this day, and find wound completely closed, and no suppuration, this being just twelve days from the time of injury. Thus I dismiss my patient in a manner well, without having suffered from fever, and having had very little inflammation, and that only at the external wound.

This is one case, if not the only one on record, where such extensive injury has occurred with so little constitutional disturbance, and terminating favorably and completely in twelve days. The recovery of a patient, 72 years of age, after such an injury, makes this case one of peculiar interest to the profession.

July 20th, 1875. I this day saw Mr. Joseph Branch, who is now enjoying better health than he did previous to his injury, from which he has had no trouble or inconvenience the past two years, nor has he any at this time.

## CASE OF DOUBLE VAGINA AND UTERUS,

### WITH PREGNANCY OF THE RIGHT UTERUS AND DELIVERY THROUGH THE LEFT VAGINA.

By A. E. HOADLEY, M.D., Chicago.

Mrs. S——, a large and robust woman, of German nationality, nineteen years of age, and in first pregnancy, summoned me on the 14th day of August, 1874, to attend her in confinement. I was informed that the patient had been experiencing regular and active labor pains for twelve hours. An examination revealed the fact that she had a double vagina and a double uterus, with pregnancy of the right uterus; the uteri lying side by side, with the two necks closely united, the vaginal septum extending from between them and terminating in a thick round cord, or fold of mucous membrane, just inside the vulva, so that the external genitals presented a normal appearance. On separating the labia, the outer end of the septum could be seen extending from the symphysis pubis to the fourchette, giving to each vaginal orifice the same shape and size.

Considering the case one of interest to the profession on account of its being very rare, I invited Dr. J. D. Skeer to visit the patient and examine the case with me. By the aid of the sound, the left or empty uterus was explored, which was expanded over the side of the pregnant or right uterus, and its cavity was fully six inches in length. The os of each uterus was very rigid and so closely contracted that it would barely admit the tip of the index finger, notwithstanding the use of the ordinary means to induce dilatation of the rigid os—such as pressure with the fingers previously covered with the ext. belladonnæ, inhalations of chloroform, and the use of opiates. It was not until the sixth day that dilatation commenced, the pains continuing regular and quite severe all the time.

Dr. W. H. Byford was called in consultation with Dr. Skeer and myself, and pronounced it a perfect case of

double uterus and vagina. As the patient's strength remained comparatively good, he advised non-interference.

The presentation of the child from the first was normal, but as soon as dilatation had commenced I thought to hasten labor by turning, and as the membranes had not yet been ruptured, this was accomplished by external manipulation without the least difficulty, and the membranes ruptured. The breech then, under the influence of vigorous uterine contractions, descended rapidly, forcibly dilating the os, and at the same time rupturing the upper end of the vaginal septum, which afforded ample room for the passage of the child. Labor now progressed rapidly, and before I was aware of it, there was a foot of the child protruding through the rent into the left vagina. I found it impossible to return it, without completely rupturing the vaginal septum; but, without delay or difficulty, I succeeded in bringing down the other foot through the same orifice, and the labor, which was 138 hours in duration, was very soon terminated, leaving about two inches of the outer end of the vaginal septum unruptured.

The patient made a very rapid and perfect recovery, and in two months from her confinement visited my office. I made an examination of her genital organs, and by passing a sound into each uterus at the same time, I could demonstrate to my entire satisfaction, that the deformity was symmetrical, both uteri being of equal size, and that the rupture in the septum was closed and perfectly healed.

# THE MICROSCOPE IN DAILY PRACTICE.

(SECOND PAPER.)

By I. N. DANFORTH, M.D.,

Lecturer on Pathology in Rush Medical College, Chicago.

It seems to be generally believed by physicians and students that a good microscope must necessarily be a very costly affair; hence the majority of those who ought to possess microscopes are "waiting" till they are rich enough to afford it. Now a microscope is one of the instruments that the student should purchase first; it should be the constant companion of his student-days, so that when he commences practice he shall be as familiar with medical microscopy as he is with any other means of diagnosis or scientific research. It is a poor time to study practical microscopy when the physician finds himself involved in a busy practice, but most of us can find time enough in our earlier years to at least make ourselves quite successful *amateurs*.

Until within a few years past a good microscope at a reasonable cost was a thing almost unknown. During the last decade, however, several of our best makers have, with the aid of practical microscopists, placed within our reach instruments of excellent quality and comparatively low price.

Through the courtesy of Mr. J. G. Langguth, the well-known optician of this city, I am able to present illustrations of two very excellent physicians' microscopes, either of which will furnish every requisite for ordinary diagnostic purposes, or pathological research.

Fig. 1 represents the students' microscope, manufactured by Mr. R. B. Tolles, of Boston. This is one of the best low-priced instruments ever offered. Some years ago, Mr. Tolles conceived the idea of furnishing a good instrument at a low price, and in order to successfully carry out his scheme, he sought the advice of several practical microscopists of Boston and vicinity, notably

Fig. 1.

Professors Oliver Wendell Holmes and the late Jeffries Wyman. The result of their deliberations and experiments was the beautiful instrument of which the accompanying wood-cut is a very correct illustration. The base, upright and curved arm, are of iron, handsomely japanned; the body of the instrument is nickel-plated, and is fixed to the curved arm by a trunnion joint, by means of which it can be placed in any position from vertical to horizontal; it is furnished with a B eye-piece, an inch, and a quarter inch objective, the former giving about 80 and the latter about 350 diameters; plain (that is, fixed) stage, revolving diaphragm, and concave and plane mirrors. For the illumination of opaque objects, the mirror is removed to an upright stand. Coarse adjustment is effected by a rack and pinion movement, fine adjustment by a very fine screw and movable plate on the stage, which is sufficiently delicate for very high powers.

The price of this instrument, complete, together with a walnut case, is seventy dollars. To say that it is made by Mr. Tolles is a sufficient guarantee for its excellence.

Fig. 2 represents the new students' microscope, designed and manufactured by Mr. Joseph Zentmeyer, of Philadelphia, a gentleman long and favorably known to microscopists all over the world. This instrument bears a striking resemblance to many of those manufactured in Europe. It is mounted on a polished mahogany base, made to exactly fit the case, thus rendering all further packing unnecessary. It is capable of assuming any

position from vertical to horizontal; the body of the instrument is rather short, but is capable of elongation by means of a draw tube. The stage is of glass, and is freely movable in all directions; below the stage is an

Fig. 2.

attachment for accessories, to which is fixed a revolving diaphragm, and below this attachment, two mirrors, plane and concave, so arranged as to allow free lateral movement—coarse adjustment by rack and pinion, which moves the body alone; fine adjustment by a fine mi-

crometer screw acting on a lever which moves both the supporting arm and the body. The perforation in the bar is for the stem of the illuminating lens or "bull's-eye." Accompanying this instrument is a B eye-piece, an eight-tenths inch objective magnifying about 80 diameters, a fifth inch objective magnifying about 450 diameters, and a bull's-eye.

This outfit, packed in a mahogany case, can be obtained for $85.00. I used one of Mr. Zentmeyer's hospital microscopes for several years, and found it every way satisfactory. His instruments, however, need no words of commendation from me; like Tolles', they stand on their own merits.

In this connection I desire also to mention the students' microscope recently gotten up by Mr. W. H. Bulloch, of this city. Mr. Bulloch is very favorably known in Chicago as a workman both skillful and conscientious. I have now one of his large binocular instruments, which I have constantly used for four years past, and it has given me perfect satisfaction. His students' microscopes are of two patterns: one, exceedingly simple in its construction, but, after all, combining everything necessary for the physician's purposes, which is sold, (including eye-piece and case), for forty dollars, *without objectives;* the other, somewhat more complicated, but perhaps no more efficient, costs sixty-five dollars, with eye-piece, but without objectives. When furnished with objectives the cost of these instruments would not vary materially from those alluded to, and illustrated above; and I may add, there would be little choice between them so far as the general wants of the physician are concerned.

In selecting the three makers mentioned, I by no means intend to discriminate against others, perhaps equally good in every respect; but in the first place, in order to render this paper of any practical value to the readers of the JOURNAL AND EXAMINER in the selection of microscopes, it is necessary to recommend the productions of *somebody;* and in the next place, it is but right and natural

that I should select the instruments of those makers with whom I am best acquainted.

With either of the three instruments above mentioned, the practicing physician ought to be able to do all things requisite for diagnostic purposes, and also to work successfully in whatever department of scientific investigation he may choose to labor.

The habit of buying costly microscopes has become far too general here in this country, and notably in this city. It is an evil that ought to be remedied, because it confines the microscope to the hands of the few, whereas it ought to be in the hands of every physician. I am told that in the most celebrated physiological laboratories of Europe the work is mainly done with small, cheap instruments, and that the majestic and gorgeous instruments of American makers are almost unknown. Especially is this true as regards Germany, where the most painstaking and accurate histological work is done.

A large, costly and complicated microscope is an actual hindrance, rather than a help. In the first place, not many physicians are able to purchase a costly instrument before middle life, and by that time the "fingers are all thumbs," so that delicate manipulations are difficult if not impossible; and most of us begin to get weak in the eyes by the time we reach middle life, so that we cannot sit down to steady histological work. In the next place, a large, heavy, complicated microscope is an unwieldy thing to manage; it takes too much time to get it ready for use, and is, therefore, rather more than likely to go unused. Again, so complicated and delicate a machine is too much in danger of getting out of order for every-day use, and if repairs are needed, it necessitates packing the instrument, and sending it away, sometimes for a long distance, which means loss of time, provoking delays, and outlay of money.

Lastly, unless one is pretty constantly in the practice of microscopy, the results obtained with the more elaborate instruments are far less satisfactory than with the

simpler forms which are more easily managed. The ideal physicians' microscope is one that is not discouragingly costly; one that can be easily handled, rapidly and accurately adjusted, and one that can be quickly put in its place when the work in hand is done. Either of the instruments described in this paper come very near the realization of that ideal, combining as they do cheapness, simplicity and the greatest utility.

(To be continued.)

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# Reports of Societies.

## CHICAGO MEDICAL SOCIETY.

*Regular Meeting, Aug.* 16, 1875.

(Reported by D. C. STILLIANS, M.D.)

Rosa A. Engert, M.D., reported a case of a patient affected with menorrhagia of two or three weeks duration, alternating with intervals, lasting for six or eight weeks, this general condition having existed during the past winter, with severe exacerbations, and no entire relief. The patient was fifty-three years of age, and attributed her disorder to the menopause.

A friable mucous polypoid growth, as large as a plum, was found protruding from the os uteri—the uterus itself being enlarged to the extent of a four months pregnancy. After the removal of the tumor, the wound was cauterized, but, the hæmorrhage continuing, it was found impossible to explore the uterine cavity with the sound. Dilatation of the cervix was effected by the aid of a tent, when the obstruction was found to be occasioned by a soft and spongy mass lying close to the internal os, and easily detected by digital examination. A tampon saturated with a styptic solution was placed in the vagina, when uterine contractions ensued,

with increased hæmorrhage as the os dilated, and partial expulsion of the uterine contents. The latter were found to consist of a conglomerate of hyaline cysts, varying in size from a millet seed to a whortleberry, imbedded in a delicate vascular tissue of white stroma. The entire mass was as large as an orange, and was inserted by a pedicle, an inch long and half an inch in width, to the right antero-lateral uterine wall. By the aid of the finger-nails and the curette, the portion of the uterine wall upon which it had been implanted was scraped till the muscular fibres were exposed, when the cavity was syringed with tepid water, and swabbed with dilute solution of acetic acid. Subsequently nitric acid was applied. The morbid growth was evidently a non-malignant uterine papilloma, and its removal was followed by restoration to health.

The reader also reported a case of sarcoma, resulting in well marked encephaloid disease:—

A hard-working woman, 46 years of age, widowed for six years, and having one child born after the death of her husband, had menorrhagia and copious leucorrhœa for one year and a half, the former for six consecutive months. Her strength gradually failed, till she became confined to her bed. She had previously suffered from some ocular disorder, which, under homœopathic treatment, resulted in amaurosis. During this time also, s' had exhibited a cutaneous exanthem with high fever. A second homœopathic physician had predicated the istence of cancer of the womb.

The uppe part of the vagina was found filled with a friable colloid mass, readily bleeding when touched. A portion, under examination, seemed destitute of structure, and was thought to be sarcomatous.

The patient was at this time in a cachectic condition, with severe and constant cephalalgia, pain in the back and loins, anorexia, asomnia, chills and fever, followed by diaphoresis, dysuria and constipation. Pulse 120 per minute. There was considerable prostration, with

subsultus, and dizziness on assuming the upright position; though she fancied there was slight restoration of vision.

The patient was given beef and eggs, brandy, strychnia, iron, phosphorus and cinchona, until there was improvement in her general condition. Then the accessible portions of the neoplasm were removed, when it was evident that the remnant filled the uterine cavity, with consequent and marked invasion of the tissue of the parietes.

The entire mass was removed by the curette—very rapidly in consequence of the hæmorrhage—when but a narrow border of sound tissue was found remaining. Near the line of junction of the canal of the cervix and the cavity of the uterus, a velvety patch was left unmolested, lest the thinned anterior wall should be perforated in an effort to remove it. The entire uterine cavity was then cauterized with the nitrate of silver.

During the two succeeding days, there was considerable reaction, the pulse rising to 130 per minute, and even more at times, when it was difficult to estimate its rapidity. Diffusible stimulants, with beef tea and opium, were freely administered, and a solution of the permanganate of potash employed locally.

Between five and eight days thereafter, there was a complete amelioration of all symptoms, the pulse falling to 100, and the hæmorrhage entirely ceasing. Menstruation soon recurred at regular intervals, with a slight serous discharge from the womb succeeding each epoch.

Within ten months, a relatively larger growth was found rapidly developing in the same locality. The cells of the latter, on examination, were found to be more numerous and larger than in the first instance. Some of the clusters bore unmistakable resemblance to cancer cylinders.

A *second* operation was refused; the patient complaining merely of slight dysuria, relieved by warm baths and

anodynes. Somewhat later, there was exacerbation of pain, delirium, vomiting and death.

The reader was of opinion that an earlier resort to treatment might have secured permanent relief.

Dr. Adolphus concurred in the opinion expressed by the essayist, but stated that hæmorrhage after abortion was not always caused by the presence of a foreign body in the uterus. A lady, under his treatment, aborted at three and a half months, and the secundines were carefully removed—the ordinary discharge continuing about ten days. Her menses appeared at the usual time, and lasted ten days. He found, upon examination, that the uterus was in a normal position, not painful, three and a half inches deep, and that there was ulceration of the cervix. He applied sat. sol. ferri persulphate to the cavity, at intervals of four or five days. The general condition of the patient improved. The menses reappeared and lasted eleven days. He dilated the cervix with sponge tents, and examined the cavity of the uterus thoroughly without finding any foreign body. The lady has had leucorrhœa for several years, and the menorrhagia was doubtless caused by chronic disease. He habitually used, in gynecological practice, the concentrated preparations, introducing them on cotton by means of the applicator, and allowing them to remain till they were expelled.

Dr. Bartlett apprehended some difficulty in reaching the fundus uteri with the index finger, and thought it necessary to introduce half the hand, in order to explore the cavity thoroughly.

Dr. Adolphus. "I can reach the fundus with the index finger by bi-manual palpation in two-thirds of my cases, and in those, where owing to tenderness of the parts, great obesity, or dropsical effusions, I am not able to depress the uterus sufficiently, the use of ether enables me to do so, and explore the cavity with my finger."

Dr. Paoli thought the use of the sat. sol. of perchloride or persulphate of iron, dangerous, producing severe

inflammation. Several fatal cases have been reported from their use. Hæmorrhage after abortion, without the presence of a foreign body, is not unusual.

Dr. Engert used these preparations very much diluted, and applied them with a swab of sponge or cotton, to the uterine cavity.

Dr. Quine said that he was constantly using, in the treatment of uterine diseases, the remedies mentioned by Dr. A., which comprised some very active irritants, and escharotics; but notwithstanding this, he held, with Dr. Paoli, that in the cases in which the perchloride and persulphate of iron were employed, and recommended by the essayist, they *were* dangerous—not because they were violently irritating, but because they favored the occurrence of septicæmia by causing the uterus to be filled with blood clots, which were liable to decomposition. Moreover, he had very little confidence in the hemostatic virtues of any mere astringent, locally used, unaided by mechanical agencies. He was generally able to reach the fundus uteri with the finger without introducing the whole hand into the vagina, when the cervix was sufficiently dilated.

Dr. Clark said his views were changing in regard to the use of the preparations just mentioned. He had lately seen three cases of pelvic cellulitis, caused by their use. As in a case lately brought to his notice, where the application was followed by a chill, fever, tenderness over abdomen, long hectic, and a tumor on one side of the pelvic cavity, from which a large quantity of pus was removed.

Dr. Stevenson said that possibly in those cases metrorrhagia where no foreign body was found in the uterus, the result could be explained on "The new basis of Pathology," offered by Prof. King, in the August number of the *Am. Jour. of Obstetrics.*

## CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS

*Regular Meeting, Aug.* 23, 1875.

(Reported by E. WARREN SAWYER, M.D.)

President, Dr. Bevan, in the chair.

The Society listened with great interest to an exhaustive paper on the etiology, pathology and treatment of the intestinal affections of children, by Prof. N. S. Davis.

In the discussion of Dr. Davis's paper, Dr. Paoli remarked that he used vegetable astringents, and especially quinine, with great circumspection in children, because of the danger of inducing cerebral hyperæmia. He extolled, with Dr. Davis, the use of the mineral acids, and spoke of the efficacy of port wine.

Dr. Bartlett remarked, that in relying upon the temperature record, given by the Signal Service Bureau, it is important to remember that this record is taken at an altitude of from fifty to seventy feet, and that the temperature at that height is, at least, ten degrees lower than that upon the earth; he gave several examples of disparity between the temperature low down and that reported by the signal service.

Dr. Hamill remarked that there must be some other exciting cause of the bowel troubles of children beside heat; if not, why are these diseases confined almost exclusively to populous districts?

Dr. Hyde asked to respond to Dr. Hamill. There is another cause than heat, else the children in the South, and in Africa, would be especially prone to bowel troubles which, by no means, is the case. Heat probably arouses other causes. In this connection it is interesting to refer to a series of tables made in this city not long since, showing that in each ward of the city the infant mortality from bowel affections was in direct ratio to the extent of sewerage possessed by that ward; the ward most imperfectly drained, had the greatest mortality. It is important, too, to examine into the supposed miasmatic

origin of these bowel affections; a medical gentleman, of extended observation, had told him that in San Francisco he regarded the bowel troubles of children as wholly of miasmatic origin, and gave quinine freely in these cases. Practitioners on the continent are less apprehensive concerning the bowel affections of children than we are, and they exhibit almost a fear in the administration of quinine.

Dr. Davis remarked that we may yet learn that, besides the continuous heat, there are other important atmospheric conditions that bear directly upon the causation of the bowel troubles of children; thus, still air, little winds, or the degree of moisture. He did not regard these affections as of malarial origin; if this were true, then there would be a relation between the bowel affections and the presence of malaria; the bowel troubles would be most common when malarial affections are most common, which is not the case. He thought the statement, that cholera infantum was a disease of populous districts, would not hold good; it is found everywhere.

Dr. Simon confirmed the statement of Dr. Hyde, respecting the use of quinine in Paris, and said that it was almost never given there to children. The successful results in infant bowel troubles, in Paris, could be attributed, first, to the free use of alcholic stimulants; second, to the administration of raw meat, given in pills at short intervals.

Dr. Fisher read to the Society the report of a case of dislocation of the hip, which was reduced by manipulation sixteen days afterward. The patient was a little girl who lived in Iowa. She jumped from the height of three feet, and fell; she was picked up vomiting, and could not stand. Medical attendance was summoned, and the lesion was treated for rheumatism. Another attendant prescribed a liniment for a supposed hip disease. Dr. Fisher asked to have the girl brought to this city, and he saw her sixteen days after the injury. It

had the typical characteristics of a dislocation of the head of the femur upon the dorsum ilii; shortening of the extremity; great toe of the injured side crossing the opposite instep, and finally the head of the femur was felt upon the dorsum of the ilium. Dr. Hyde saw the patient, and at once confirmed the diagnosis. The patient was etherized by Dr. Hyde, when Dr. Fisher, by Reid's method of manipulation, returned the dislocated head of the femur to its socket so easily and noiselessly, that he hardly knew when it was reduced.

Dr. Fisher remarked that this was the third instance in which he had reduced a dislocated hip by Reid's method, and always with the utmost facility.

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# Summary of Progress in the Medical Sciences.

## I. Obstetrics.

1. *Hæmorrhagic Cerebral Tumor—Epilepsy—Post-Mortem Cæsarean Section.* Pinard. (*Le Progrès Medical*, July 10, 1875.)

The author reports the case of a primipara, 22 years of age; plunged in profound prostration, half somnolent, with closed eyes; unable to give coherent answers to questions; sensibility was intact; motility, normal on the right side, and enfeebled in both the upper and lower left extremities. The tongue was projected to the left; pupils widely dilated; no strabismus, nor irregularity of nostrils or eyelids. Integument pallid; some embonpoint; abdomen distended as in pregnancy between sixth and seventh month. Fœtus active, with heart sounds distinct in left hypogastrium; cervix uteri of due length; quite flaccid, and having closed orifice. No sugar nor albumen detected in a scanty, lemon-colored urine. Respirations regular, slightly stertorous—twenty-four to the minute; pulse 80; axillary temperature, 37.2° C.

The very exceptional absence of albumen in the urine, and the character of the repeated epileptic seizures which soon followed, led to the diagnosis of a cerebral tumor. The convulsions rapidly increased in frequency, from one or two in the day, until the last hours of the patient were passed in one convulsive spasm, accompanied by incontinence of urine and fæces, and followed by coma and death. Pulsations of the fœtal heart being then audible, Dr. Pinard performed Cæsarean section; and extracted a child apparently moribund, but whose heart continued to beat regularly. Respiration followed after insufflation for fifteen minutes. The child, however, did not survive more than three hours.

Post-mortem examination of the mother disclosed scirrhous induration of a voluminous pineal gland, with disappearance of the posterior apophyses of the sella turcica. All the ventricles were more or less distended with sero-sanguinolent fluid. The right lateral ventricle contained also clots—together, forming a mass as large as an orange—while a mamelonnated tumor projected from its lateral and superior wall. There was considerable softening of the adjacent cerebral substance. A second smaller and similar tumor was also found in the lateral ventricle.

These tumors were found to contain blood, enveloped in a laminated membrane, whose lamellæ became finer from periphery to centre. The latter were found to be made up of a delicate vascular stroma, best organized in the vicinity of the clot, and having, at certain points, undergone fatty degeneration.

The points of interest in this case were, the differential diagnosis between puerperal eclampsia and the influence of a cerebral tumor; the persistence of fœtal life, with rhythmic and forcible pulsations of the heart during a long series of epileptic convulsions; and the complete post-mortem contraction of the uterus after the removal of its contents. The judicious obstetrician of the Maternité had operated precisely as if the woman were living,

and when he exhibited the womb and its appendages to the school of midwives connected with the hospital, he was enabled to call their attention to the form and volume of the organ, which did not differ from that of a woman delivered in the natural method.

2. *Vesical Ecchymoses in the Newly Born.* PARROT. (*Le Progres Medic.*, June 10.)

The reporter exhibited before the Anatomical Society some pathological specimens removed from the body of a newly born child who had presented symptoms of that form of œdema, improperly designated scleremia. It had suffered from the kind of black vomit often observed in cancerous cases. There were, post-mortem, evidences of ecchymatic, non-ulcerative erosions in the œsophagus and stomach and upon the surface of the kidneys, as well as within the intestines (particularly the rectum). But especial attention was called to those in the bladder, which were rather small tumors, as large as grape seeds, produced by submucous hæmorrhages.

The reporter estimated that these vesical ecchymoses, of greater or less projection, were to be found in seven or eight of every ten cases of œdema of the newly born.

3. *Influence of the Nervous System upon Phenomena of Pregnancy and Parturition.* GOLTZ and FREUSBURG. (*Archiv. fur Phys.*, ix. 1874.) Note by Fritsch. (*Jahrbücher* 1875; *Phil. Med. Times.*)

Section of spinal medulla and left sciatic nerve in a bitch, nine months old, was succeeded by recovery (excepting the paralysis) and increase in weight. Pregnancy occurred in four months, with birth of strong living pup, cleaned by licking. The placenta was devoured. Two others, dead-born, were similarly treated. Rhythmical flexion and extension of posterior extremities were coordinate with labor pains. There was also contraction of intra-pelvic muscles, and uncontracted vagina. Peritonitis and death resulted from vaginal perforation. Segments of the medulla were found one centimetre separate —the lower of normal size.

Fritsch considered that the integrity of the ovaries, explained the going into heat, at which time the male, previously refused, was accepted. Presence or absence of ovaries, therefore, affected the brain centres; and the sympathetic fibres must have joined the cord above the site of section (lumbar region). It is probable that, during heat, characteristic matters enter the blood and thus act upon the brain. Impregnation without sensation is possible, since women conceive when stunned. The development of distant organs often depends upon presence of essential genitalia. Körner asserts the medullary origin of uterine motor fibres about the last dorsal vertebra. Thence they descend along the aorta. These, in the experiment, would have been uninjured. Probably the entire parturient act does not depend upon the brain, as other fibres originate about the third or fourth lumbar vertebræ. In this case, action of the external muscles could not have originated in impulses from the brain, but from a nervous centre in the lumbar region of the cord. This centre may extend over the whole cord, so that, when divided, each segment may be influential so long as there is integrity of centrifugal fibres. The third and fourth cervical vertebræ were fractured in a primipara, aged 24, between the sixth and seventh month of pregnancy, with consequent paralysis of sensation and motion below seat of injury, but labor-pains, unfelt by her, still expelled a dead-born child. This case also tends to show the existence of an independent centre in the cord.

4. *Report of the Board of Health of the City and Port of Philadelphia for the Year* 1874.

This excedingly valuable Report, under the head of Births, gives some interesting statistics, with deductions of scientific import. The birth rate to 1,000 living persons, was, in the United States, (1870), 28.86; England, (1861—1870), 35.2; France, (1861—1870), 26.2; Prussia, (1861—1870), 39.6; Austria, (1861—1870), 39.8; New

York, (1874), 24.46; Philadelphia, (1870—1873,) 24.88; Chicago, (1874), 22.87; Boston, (1874), 31.18. Imperfect registration laws and returns account, probably, for some of the differences.

From 1861 to 1873, 100 males were born alive to 109.4 females; and 100 of the former to 136.5 of the latter, dead born. In 1874 the corresponding figures were, 100 to 110.7, and 100 to 135.

During the past fourteen years, the births in Philadelphia were quite evenly distributed in the different months, with the exception of April, May and June. The decrease in these months is attributed to influences operating in the preceding summer and in the commencement of autumn.

Dr. Emerson obtained similar results from examination of the birth statistics in Philadelphia for the ten years 1821—1830. Dr. Villermé, of Paris, who has collected and analyzed a very large number of births, calls attention to a decrease in the birth rate during these same months. Both writers attribute these results to the influence of the seasons upon conception.

From 1861 to 1874, the greatest number of *conceptions* occurred in April; then, in January, March, December and November; the least number in July; next, August, September and May. Almost without exception, the coldest months were the most prolific, and the warmest the least so. In Montpellier, France, February was the most prolific month of the year; then followed in order, April, May, March and January. The smallest number of conceptions took place in September; next in August, and then in July and October. In both places the most unfavorable months for reproduction were the same, viz.: July, August and September, though in Philadelphia the order by months is reversed.

Milne is of opinion that if the disturbing element of marriage were as accurately regulated as that of births, the influence of the seasons upon conception would be still more manifest, and that then the maximum of conceptions would be found to occur in midsummer.

Baker, of Michigan, from his statistics, deduces: "1. That the uniform proportion of births by seasons, is, in the majority of months, influenced by the number of marriages. 2. That, for the reason that the excess or deficit in the number of births, compared with the average number, is larger than the excess or deficit of marriages for the months in which the conceptions occurred, compared with the average number of marriages, it would appear that the marriage-rate is not, to say the least, the only cause of the uniform excess or deficiency of births at different seasons of the year. 3. Taking the two foregoing propositions together, it seems that both the marriage and birth-rate are, to some extent, dependent upon the same cause, which, although not manifest here, it is altogether probable is a physiological one, and directly connected with climate or seasons of the year."*

In Philadelphia, from the statistics for thirteen years, (1862—1874), it appears that of the seven months in which more than an average number of conceptions occurred, there were four months having more than an average number of marriages; but, in the remaining five months, having less than an average number of conceptions, there were four months having less than an average number of marriages.

5. *Hydrate of Chloral in Obstetric Practice.* CHIARLEONI. (*Gazet. Med. Ital. Lomb.; Brit. Med. and Surg. Jour.*, Aug. 19.)

The usual formula was: six grammes of chloral, sixty of syrup, and one hundred of water. A spoonful of this was given till the desired effect was produced, except when larger doses were necessary, when four grammes of chloral were divided into two enemata, given with an hour's interval.

There were four classes of patients: 1st. Irritable, hysterical, nervous or apprehensive (primiparous) women, with feeble, interrupted and ineffectual pains. Result: effectual uterine contraction, sleep, diminution of pain,

* Fourth Registration Report, Michigan.

and shortening of period of labor. 2nd. Patients with albuminuria, the remedy preventing convulsive action. 3rd. Cases in which the drug was administered to render operations easy and less painful. In the greater number of cases, however, the chloral was given after the termination of labor, to promote rest or sleep.

These experiments indicated that the treatment did not tend to retard the progress of labor or injure the child.

In from one to five or more hours after exhibition of the remedy, according to the dose and the peculiar circumstances of the case, the desired results had been accomplished. Occasionally talkativeness and hiliarity were induced.

6. *Procedure in Right Occipito-posterior Position.* PROF. F. BARKER. (*Med. Record*, June 19.)

The Professor at first attempted to rotate the occiput into the anterior position through the vagina, but was foiled in this, as the occiput would rotate back into the hollow of the sacrum, as soon as the hand was removed. The woman was then carried profoundly under the influence of chloroform, the left hand introduced, and, with a great deal of effort, the head was pushed up out of the pelvic cavity. Then, with the right hand upon the abdomen, rotation of the trunk was effected, so that the occiput was brought around. Then the head was pressed under the symphysis pubis, and delivery of a living child accomplished without perineal rupture. He was quite sure that by this operation he saved the perineum and also the life of the child.

7. *Gastro-Elytrotomy.* THOMAS. (*Am. Jour. of Obstetrics*, Aug., 1875.)

In the case of a woman, moribund and near the end of pregnancy, the reporter, instead of performing Cæsarean section, made an incision in the inguinal region parallel to Poupart's ligament, down to the peritoneum. He then pushed up the vagina with the sound, cut down upon it, and enlarged the opening with the scissors. The hand was then passed through the large incision into the cervix,

which had been dilated with Barnes' dilator. The feet of the child were seized, version was performed, and the child extracted alive—the latter surviving the operation for several days, dying eventually from causes unconnected with the operation. The woman was pulseless, and died in four hours. The time occupied in performing the operation was short—not longer than that required for Cæsarean section. The reporter believed he could perform the operation and deliver the child in five minutes. He would not always prefer this method to Cæsarean section, and was fully aware of the incidental danger of cellulitis, septic infection and hæmorrhage, especially in the vascular condition of the vagina during pregnancy. But he was inclined to think the operation had a future. So far as he was aware, but one operation of the kind had since been performed—that by Dr. Skene, of Brooklyn. The child had been previously perforated and the woman exhausted. Death occurred in seven hours. He thought that drainage through the vagina would diminish the chances of septicæmia. From the description of the operation it would appear to be a difficult one; but, in point of fact, it is surprisingly easy in every detail.

8. *Vicarious Menstruation.* Dr. J. N. Upthur, Richmond, Va. (*Virginia Med. Monthly*, Sept., 1875.)

The case reported was a women 18 years old, who commenced menstruating at 13 and continued it 2 years regularly thereafter. Periods attended with pain. "For past 3 years has suffered from amenorrhœa, but for the past 10 months, has had, every 4 weeks, a vicarious discharge of blood from the stomach, attended by cough, nausea, hæmatemesis, rachialgia, tympanitis and sense of weight at hypogastrium." Under iron, strychnine and ergot she soon menstruated normally.

## II. Surgery, Ophthalmology and Otology.

1. *Plugging the Nasal Cavities.* J. English. (*Centralblatt*, f. Chir., No. 34, 1875.)

The writer enumerates all the external and internal remedies that have ever been used against nose-bleeding and shows how, after all, Bellocq's tube had always to be resorted to as the surest method of plugging the nasal cavity. But it is not unobjectionable, because of the annoying salivation produced by the thread which is carried out through the mouth. This objection is obviated by using a rubber bag attached to a flexible rubber tube; introduced through the nostril into the naso-pharyngeal cavity, the rubber tampon is filled with water and then drawn up tightly into the posterior nares. A clamp attached to the rubber tube prevents the escape of the water.

Dr. T. H. Jewett describes (*Philadelphia Med. and Surg. Reporter*, Sept. 11), the following simple plug in nasal hæmorrhage: "Roll up a lock of cotton into a cylinder an inch or an inch and a half in length; tie a strong thread to the middle of the roll; bring the two ends of the roll together, and then opening the nasal orifice pass the middle or folded part of the roll into the nostril; next, with the blunt end of a lead pencil press in the cotton roll slowly, along the floor of the nose, one inch or more, and rest. If the blood passes down into the throat, you may be sure the bleeding spot is behind the roll, so push in your roll further and the blood will cease to pass behind. Then, holding on to the string, pass some loose cotton into the nostril and push it down to the plug. The cotton will swell with the moisture and arrest the hæmorrhage. In a day or two the natural secretions of the nasal surfaces will loosen the plug and it may be easily removed by the string.

2. *Tannic Acid for Acute Conjunctivitis.* E. Emmert. (*Aug. Med. Central Zeitung*, No. 64, 1875.)

For severe conjunctivitis, in scrofulous children, with

much swelling of the eyelids, intolerance of light and muco-watery secretion, a solution of tannic acid (℥ss to ℥j) instilled into the eyes every two hours, acted more efficiently and arrested the inflammation more promptly than any other remedy. In cases of blennorrhœal and gonorrhœal conjunctivitis the tannic acid accomplished just as much as arg. nitr., and the doctor is in favor of tannic acid, because it can be given to the patients to be used at home, which we can never do with the arg. nitr.; in country practice, therefore, he thinks the tannic acid will be greatly used for the above diseases.

[Tannic acid was a favorite remedy at the County Hospital under Dr. Hildreth; he used a saturated solution of tannic acid in glycerine and bromide of ammonia. But a blennorrhœal eye requires the daily attendance of the physician, just as much as a case of typhoid fever, and then arg. nitr. can be used just as well.—ED.]

3. *Transplantation of the Conjunctiva.* O. BECKER. (*Wiener Med. Wochenschrift.*)

Prof. Otto Becker reports two cases of adhesion of the eyelid to the globe, in which, after failing with other operations, he obtained a satisfactory result from the above transplantations. He carefully dissected the lid from the globe and implanted into the defect of the ocular conjunctiva a piece of conjunctiva just removed from a white rabbit, and secured it in its new place by four sutures. For the sutures very fine and strongly curved needles and the finest untwisted white silk were used. In one case, the whole implanted piece healed in; in the second case, only about one-third of the flap became adherent, but still the result as to the mobility of the eye was satisfactory.

4. *Grave's Disease.* R. BARTHOLOW. (*Chic. Jour. Nerv. Dis.*, July, 1875.)

Before the American Med. Association, Robert Bartholow, M.D., read an interesting paper on exophthalmic goitre. Sustaining the theory that this disease is a

purely functional disorder of the sympathetic nerve, he gives the detailed history of three cases which were materially benefited by a regular course of treatment with the galvanic current. The negative pole was placed on the epigastrium, and the positive was so applied as to include the cervical sympathetic, the pneumogastric and the cilio-spinal region within the circuit. The *seances* were ten minutes in duration.

5. *Elastic Ligature for the cure of webbed fingers.* VOGEL. (*Am. Jour. Med. Sci*, July, 1875.)

Dr. M. Vogel tried this treatment with a great deal of success in a very bad case of webbed fingers. The first rubber thread was entered just above the last phalanx and tied over the tip of the united fingers, care being taken that it occupied an exactly intermediate position between them. After eight days the phalanges were completely separated. The necessary tightening of the ligature was done from time to time by placing a small roll of plaster under it. When the fingers were completely separated by this process they were fixed on a pasteboard splint, while, to prevent the re-formation of a web at the junction of the fingers, an elastic thread was attached to a wristband and gently stretched between them. Cicatrization went on rapidly, and after a few weeks the fingers had regained a natural appearance.

Another case of webbed fingers treated successfully by the elastic ligature, is reported by Prof. Dittell.—*Philad. Med. and Surg. Reporter.*

6. *Strangulated Hernia reduced by taxis through colon.* A. HADDEN. (*N. Y. Med. Record*, July 24.)

Alex. Hadden (New York) relates a case of strangulated direct inguinal hernia which, after failing with other methods, he reduced by taxis through the colon in this way:

"The patient being fully under the influence of chloroform, was placed on her chest and knees, and sup-

ported in that position; I next introduced my fingers into the anus, and passed my hand by gentle pressure up into the colon. I had some difficulty in following the intestine over the promontory of the sacrum, but when my hand had passed this point it was very free. I could feel the engorged intestine plainly, and could make traction on it with my fingers, and did carefully, fearing that I might rend it. My manipulations consisted, chiefly, in gently rubbing my finger along the intestine from the inner surface of the ring, and using external taxis with my other hand at the same time. The desired result was accomplished in about ten or fifteen minutes with comparative ease."

7. *Treatment of Strangulated Hernia by Subcutaneous Dilation.* H. R. ALLEN. (*Philad. Med. and Surg. Reporter*, July 10, 1875.)

This practice was advised by Seutin in 1856, and again by M. Langenbeck in 1864, but it never could gain any prominence in surgery. Now Dr. H. R. Allen (San-Francisco, Cal.,) reports a few cases of severe strangulation which he and other physicians failed to relieve by the ordinary taxis, and which he then speedily released by introducing his index finger forcibly into the ring and distending it subcutaneously. Upon his experience in these cases he devised an instrument for the forcible dilatation or subcutaneous laceration of the stricture. For a full description of this instrument, see *Reporter*.

8. *Simon's Method of Dilating the Female Urethra.* P. BRUNS. (*Centralblatt, d. Chir.* 33.)

Prof. Simon (Heidelberg) published, a short time ago, a method of quickly and safely dilating the female urethra for the purpose of examining the bladder with specula as well as the finger. In the first place the external orifice of the urethra is enlarged by two lateral incisions (one-eighth of an inch deep); then the urethra itself is dilated by the introduction of a series of seven conical specula of hard rubber, the No. 1 has a diameter of one-quarter of an inch, and No. 7 measures one and

one-quarter inches. Directly after withdrawing the largest speculum the index finger is introduced for palpating the interior of the bladder. According to S. even the narrowest urethra can thus be dilated within a few minutes; he has made use of his method in over sixty cases, and an incontinence of the bladder has not been experienced in a single one.

To illustrate the great usefulness of Simon's method, Dr. Bruns gives the following case: A girl, 24 years of age, had a hair pin in her bladder, and three unsuccessful attempts at extraction had been made. In the narcosis the external orifice of the urethra was enlarged by two superficial cuts, and the seven specula were introduced successively. The index finger then followed, and with it a thin forceps could be introduced into the bladder. Under the guide of the finger the hair pin was caught up without difficulty and extracted. The whole operation occupied five minutes. No incontinence of urine after the operation.

9. *The Aspirator in Cases of Retention of Urine.* P. I. CONNER. (*Cincinnati Clinic*, July 10.)

P. I. Conner read a paper on this subject before the Ohio State Medical Society. Whenever by a tight stricture, hypertrophy of the prostate, or other causes, the distended bladder cannot be emptied by catheterization, he recommends the tapping of the bladder through the supra-pubic space by the needle of the aspirator. The method is certain, easy, quick and safe, and attended by very little pain. He has tapped and emptied the bladder by aspiration as often as ten times within two weeks without any unpleasant consequences.

10. *Extirpation of a Tumor of the Bladder.* BILLROTH. (*Boston Med. and Surg. Reporter*, July 10.)

On June 3, 1874, a boy, æt. 12, was admitted to Prof. Billroth's clinic. He exhibited such symptoms as are known to be caused by a stone in the bladder. But on examination, a tumor about the size of a fist, evidently attached to the wall of the bladder, could be felt through

the abdominal wall as well as per rectum. The beak of the sound, immediately on entering the bladder, was pushed forward and slid over an uneven tumor before reaching the back of the bladder. Billroth decided upon extirpating this growth, and on June 15, 1874, did so. First, the perineal section was performed; the diagnosis of a tumor springing from the posterior wall of the bladder was confirmed, but at the same time it was found impossible to remove the neoplasma by the perineal route. Therefore the bladder was opened a second time by a transverse incision in the supra-pubic region; the bulk of the tumor was torn off by the finger and the pedicle carefully cut out, whereby the peritoneum fortunately was not injured. A drainage-tube was drawn through the bladder and kept there for five days until the wounds were granulating well. No severe reaction supervened, and on July 18, the boy was discharged. The tumor showed the consistence and appearance of a soft fibrous tumor, but under the microscope it exhibited a mixed structure of myoma and sarcoma.

11. *Transfusion.*

In a correspondence of the *Philadelphia Med. Times* (August 7, 1875,) from Strassbourg, Germany, the following experiment of Prof. Ponfick is given: A dog received into the jugular vein from the carotid of another animal, during forty-five seconds, twelve per mille of blood of the weight of the dog. During the reception of the blood there was moderate dyspnœa, extreme nausea, but no vomiting; the extremities seemed paralyzed. After an hour, bloody coloration of conjunctiva of both eyes; some red coloration of urine forty-five hours after operation. During first day, dog seemed to be doing well, but suddenly collapsed at the end of twenty-eight hours; respiration became superficial, weak and infrequent, pupils widely dilated, occasional convulsions, and the dog died at the end of eighty hours after operation. Post-mortem examination showed *severe renal disease.* Other

experiments have resulted similarly whether the blood of the other animal has been transfused with or without defibrination. The conclusion drawn from all these experiments is, that the serum of one animal dissolves the blood-cells of other species, and that for transfusion into men, human blood only should be used.

12. *Statistics of Amputations* performed at the Glasgow Royal Infirmary during the twenty-five years ending 31st December, 1873. (*Glasgow Med. Journal*, April, 1875.)

There have been 1,412 amputations, of which 67.9 per cent. recovered, and 32.1 per cent. died. Of the 657 primary amputations, 36.5 per cent. died; of 172 secondary amputations, 51.7 per cent. died; and of 583 amputations for disease, 21.9 per cent. died.—*Monthly Abstract Med. Sciences*, July, 1875.

13. *The Antiseptic Treatment at the Surgical Clinic in Halle, Germany.*

At a recent visit of Prof. Lister in Halle, Prof. Volkmann, who is one of the strongest believers in Lister's antiseptic treatment, gave the following interesting statistics: 44 complicated fractures treated conservatively, all recovered; 67 amputations, with death in 6 cases only; 16 osteotomies, none died; 28 excisions of joints, 7 died.

## III. Practical Medicine and Pathology.

1. *Differential Diagnosis of Intestinal Invagination.* (*La France Médicale*, No. 47, 1875.)

In an article of the "*Archiv. fur Prakt. Heilkunde*," Dr. O. Lachtenstein gives a certain number of symptoms serving to differentiate intestinal intussusception of the large intestine from that of the small one:

1st. Intestinal invagination is rare in the first year of life, and, in fact, in the whole of infancy.

2d. In adults the progress of the invagination of the ileum is more rapid, the phenomena are more marked than in ileo-cæcal invagination, and that of the colon.

Chronicity is rare in invaginations of the small instestine; it is more frequent in the ileo-cæcal portion, or the colon. Grave symptoms of collapse become manifest more frequently at the beginning of this affection.

3d. *Muco-sanguinolent discharges* are the rule in all invaginations, wherever their seat may be. The author has observed dejections of fæcal material of an aspect wholly normal after a diarrhœa, in ileo-cæcal invaginations; he has seen it only once, in an adult, in invagination of the colon.

4th. *Meteorism* is a very variable symptom; usually it is wanting in ileo-cæcal invaginations. In invaginations of the descending colon, it is generally seen to occupy the transverse colon; afterwards it extends over the whole abdomen. In invagination of the ileum, it is found occupying a limited area, especially the central part of the abdomen, without invading the lateral or epigastric regions.

5th. *Tenesmus* is rare in invagination of the ileum; it is frequent in that of the colon and the ileo-cæcum.

6th. In invagination of the ileum no *tumor* ordinarily exists, or else (if there be one) it is seated in the centre of the hypogastrium; when it is seated in the cæcal region, especially if it be stationary for some time, it shows an invagination of the ileum or the ileo-cæcum. The extension of the tumor, when it appears suddenly and corresponds to the course of the colon, indicates most strongly an ileo-cæcal invagination; less so, one of the colon; and excludes invagination of the ileum. The situation of the tumor in the left lateral region of the abdomen indicates an invagination of the ileo-cæcum or of the colon. We can never feel the tumor in the rectum, and prolapsus of it neverappears in invagination of the ileum without complications. Changes in the consistence, the appearance and disappearance of the tumor, are seen particularly in invagination of the ileo-cæcum.

2. *On the Toxic Principle of Putrid Blood.* FELTZ. (*Centralblatt für Chirurgie.*)

V. Feltz had putrid blood exposed to the air for several months; and on examining with the microscope from time to time he found that the vibriones and germs gradually were losing their active mobility and finally disappeared entirely. At the same time the odor became less pungent on account of the decrease of ammonia productions. He injected from one-half to two cubic centimetres of such blood into the crural veins of six dogs, and all exhibited the signs of a putrid infection: increase of temperature, loss of appetite, vomiting and diarrhœa; four of the dogs died after ten or twelve days; two survived and slowly recovered. The same result was obtained from an injection of blood which had stood in the sun during five months, then was perfectly dried, pulverized and mixed with distilled water. And the blood of all the dogs thus treated was teeming with vibriones and showed all the changes and the disintegration of the red corpuscles so characteristic of a putrid infection. Feltz then comes to the conclusion that the dry putrid blood contains germs which, motionless and apparently dead, revive when introduced into normal blood and produce the signs of a septic infection.

3. *Intestinal Diseases treated by introducing into the Intestinal Tract large quantities of Fluid.* MOSLER. (*Memorabilien*, July, 1875.)

Prof. Mosler (Greifswald) has largely experimented on animals and men on the effect of copious injections into the colon. By the pressure of a fountain syringe he has introduced from one to five quarts of warm water, and has never seen any ill effect from it if only the water is introduced slowly and gradually; while the patient is lying on his back the water thus injected is forced up as far as the ileo-cæcal valve and sometimes even beyond it into the ileum. The professor considers these copious injections as the best means of effectually cleansing the mucous membrane of the bowels from irritating substances and of applying disinfectants and astringent

remedies over a larger surface of the mucous lining. During the summer of last year he obtained very favorable results from their use in cholera infantum. Even the smallest infants while held on the lap of a nurse would bear them well. As disinfectants, permanganate of potassa and salicylic acid were used. One and one-half drachms of the salicylic acid were dissolved in two quarts of warm water; and of the permanganate of potassa, he dissolved one drachm in two ounces of water and added two tablespoonsful of this solution to the quart of warm water. This topical treatment proved very gratifying in the various forms of dysenteria; a few "washings" removed the tenesmus and diminished the number of stools. In typhoid fever they seemed to lessen the tympanitis and the frequency of evacuations, and from his comparative observations of similar cases, some of which were treated by copious injections while the others were not, the doctor is inclined to believe that the disease takes a milder course under the local treatment. And the doctor has also convinced himself that the copious injections of warm water greatly insure a complete expulsion of tapeworms which have previously been acted on by the well-known internal medicines. In support of this claim he gives the history of several cases of which we will quote the following: A farmer, aged 23 years, having complained for some time of much headache, drowsiness, weakness and dislike to work, discovered pieces of a tapeworm in his stool on July 5, 1874, and July 7 he was admitted to the hospital. In the afternoon of that day he took castor oil and in the evening his colon was washed with one and one-half quarts of warm water and milk. July 8, at 7 A. M., another dose of castor oil; at 8, 9 and 10 A. M., ten pills of ext. granat. (℞. Ext. Granat. Spirit. ʒ ii, Pulv. Rad. Altheæ, q. s. ut f. pilulæ, No. 30). At 12 and 3 P. M., copious injections; but the water returned without the worm. At 4 P. M., however, the links began to come out, and the nozzle of the tube was then carefully introduced

into the anus and one and one-half quarts of tepid water injected, which the patient was enjoined to hold as long as possible. Half an hour later, the water was discharged slowly and with it a coil of tapeworms, that on a closer examination proved to contain three complete specimens of tænia mediocanellata with their heads.

4. *Treatment of Diseases of Respiration and Circulation by the Pneumatic Method.* Dr. A. Rose. (*Med. Record*, Aug. 28, 1875.)

This paper is mostly a description of the experience of European practitioners with the "pneumatic method." This method consists simply in allowing patients to inhale a condensed atmosphere or to expire into a rarefied one, or to inhale a rarefied one, according as the exigencies of the case, brought about by disease of the lungs or heart, may seem to demand in each instance. It is really forcing condensed air into the lungs by reason of its greater pressure—elasticity, thus aiding the inspiratory effort; or it is sucking air out of the chest by the expiration into a rarefied atmosphere, thus aiding the expiratory act; or it is compelling the inspiratory effort to be unusually intense and powerful by making the air inhaled rare.

The treatment has been tried by Waldenburg, Hauke, and others, in emphysema to aid expiration, in that disorder so difficult; in incipient pulmonary tuberculosis where condensed air has been inspired to give the lungs a greater amount of oxygen and to aid the inspiratory effort, and in bronchitis—in all it is claimed with good results.

Several apparatuses are described for the administration of this treatment, that of Biedert seeming to fulfill all requirements best. This machine is made in the form of an accordeon placed in a vertical position and so arranged that one end-board is fixed while the other is movable, and the whole apparatus being suspended upon joints that allow of its being inverted easily. Weights of various sizes are attached to the movable end-piece, which, as will

be seen, with the apparatus in one position compress its contained air and in a reverse position, by pulling down, rarefy it.

The condensation or tension of the air used varied from one-sixtieth to one-twentieth of an atmosphere. Patients were required to use the apparatus for a few minutes each day.

Waldenburg says, "inspiration of condensed air, as well as expiration into rarefied air, increase permanently the vital capacity of the lungs (as shown by spirometry), and the power of inspiration and expiration as measurable by the pneumatometer." Some cases he reports, seem fairly to bear him out in this statement.

As in inspiration of condensed air there is increased intra-thoracic pressure, tending to increase the force of the out-going or arterial blood and to retard the motion of the in-coming venous blood, thus increasing the pressure in the periphera of the greater circulation and lessening the pressure within the chest, and decreasing the amount of blood in the lesser circulation, it is argued this expedient may be of value in any cardiac disease where it is desirable to lessen the tension of the heart walls and facilitate the passage of blood through its cavities and through the lesser circulation.

Chronic valvular disease, chronic inflammatory processes in the lungs, and bronchial catarrh of severe forms, are instanced as cases where the treatment would be useful.

Of course inhalation of rarefied air has exactly an opposite effect and the indications for its use would be opposite.

5. *Some of the Conditions under which Pneumonia proves Fatal.* FRANCIS DELAFIELD, M.D. (*Med. Record*, Aug. 21, 1875.)

Statistics are presented of 122 cases of death from pneumonia, where post-mortem examinations were made by or under the direction of the writer. Data are furnished also regarding 1,134 deaths from the disease, in New York, during the year ending March, 1874, and 1,276

during the year following. Comparing the death rate in the last two series of cases with the line of mean temperature for each month of the year, they are found to nearly correspond, the high rate of mortality attending the low temperature. These series of cases were marked by a decided tendency to death on certain days of the disease. "Beginning with a few deaths on the first day of the disease, the curve of mortality runs rapidly up and reaches its maximum on the seventh day, then falling somewhat on the eighth and ninth days, it ascends on the tenth. From the tenth day there is a rapid decrease in the deaths, until the fourteenth day, when the curve rises abruptly. In the same way there is a third maximum on the twenty-first day, and a fourth on the twenty-eighth day." The illustrative charts of the cases respectively of the two years correspond in the rise and fall of the death rate, in a most remarkable manner; the seventh day fatality being marked in both.

Of the 122 cases examined post-mortem, nearly half died at a time when the lungs were passing from the condition of red to that of gray hepatization, while more than a quarter died while in the stage of red hepatization. Comparing the histories of the cases with the autopsies, it appears that in one case red hepatization continued until the eleventh day, and in one case that this stage was completed in 24 hours; also that the disease may be passing from red into gray hepatization by the second day, and it may not have become completely gray by the eighteenth day.

Complete gray hepatization is not reached usually until the seventh day.

Of the 122 cases, in 35, portions of both lungs were involved, and in 25 of these cases not more than one lobe of one lung was left unsolidified.

In 32 cases one entire lung was hepatized—the right in 23 and the left in 9.

In 54 cases only one lobe was hepatized; in 24 cases the upper lobe alone, in 30 cases the lower one.

The right lung alone was involved in 63 cases; the left alone in 23. Complications occurred in all but 15 of the 122 cases.

The complicating lesions occurred as follows: œdema of remaining part of lung in 28 cases; emphysema and chronic bronchitis, 21 cases; a large amount of purulent serum or fibrin in one or both pleural cavities, 16 cases; acute pericarditis, 12 cases; fatty liver, 12 cases; valvular disease of heart, 6 cases; cirrhotic liver, 3 cases; chronic phthisis, gangrene of the lung and basilar meningitis, 2 cases each; waxy liver, 1 case.

"The kidneys were in a condition of chronic Bright's disease in *thirty-four cases*. The kidneys were in a condition of parenchymatous degeneration, secondary to the pneumonia, in *twenty-five cases*."

In 30 cases there was marked delirum; 15 of the cases were in hard drinkers, and in nearly all a large amount of lung tissue was involved.

In 9 cases there was found more or less meningeal inflammation or congestion.

In 5 cases death occurred with convulsions followed by coma. In 4 of these there existed chronic Bright's disease.

Twelve of the patients died suddenly; 5 of these seemed to die of dyspnœa. "In none of these cases of sudden death did the autopsy show that death was attributable to heart clot."

6. *Trichinosis in Dearborn Co., Ind., in* 1874.

Dr. George Sutton, of Aurora, Ind., in a paper read before the State Medical Society for the current year, presents the histories of ten cases of trichinosis occurring under his observation in 1874. The cases were all propagated by the meat of trichinous hogs, eaten from one table. Three cases resulted in death. There was nothing peculiar in the symptoms of the cases generally, unless it be the uniformity with which severe diarrhœa followed within a few hours the eating of the half-cooked sausages.

Careful post mortem examinations were made in two cases, both in children, with the result of finding very few trichinæ in any of the tissues of the body. There was evidence of severe gastro-intestinal and peritoneal inflammation, however, and from this, the doctor believes the deaths resulted. In these cases there was little or no œdema. In the other case only the muscles of the thigh were examined, and there were found so many trichinæ that it was estimated a cubic inch of muscle contained more than 100,000 of them. There was marked œdema in this case, with soreness of muscles.

The rapid appearance of the parasites in distant parts of the body in so short a time after their development to the migrating size, leads Dr. S. to the conclusion that they are distributed by the circulation.

Extensive observation was made of the flesh of hogs slaughtered in the vicinity, upwards of 1,500 being examined, and trichinæ were found in 3 to 16⅔ per cent. of them, differing in different lots. Dr. S. believes from his microscopical examinations that the hog cholera is not trichinosis.

7. *A good way to distend the lower bowel in intussusception.*

Dr. Douglas Morton injected into the bowel of a young infant believed to be suffering with intussusception, one-third each of a pair of Seidlitz powders dissolved in an ounce and a half of water, introducing the carbonate solution first. Preventing the escape of the gas, the abdomen was vigorously kneaded. The child was fully anæstetized. Recovery followed.—*Practitioner*, July, 1875.

## IV. Therapeutics.

1. *Therapeutics of the Diarrhœa of Typhoid Fever.* (*Practitioner*, 1875.)

Dr. George Johnson, of London, the fecund writer on the kidney, argues in favor of an exclusively *milk* diet in the management of diarrhœa of typhoid fever. Observation teaches him that the abnormally sensitive condition of the gastro-enteric tract in this disease, is greatly

aggravated by too much medicine, and too abundant alimentation. His onslaught on the mineral acid treatment, introduced a few years ago by Chambers, is especially noticeable. "I have no doubt that the comparative infrequency of the severe and obstinate diarrhœa amongst my enteric fever patients, during the last few years, is partly attributable to the *dis*continuance of this mineral acid treatment," he says. His principal dependence is careful nursing and proper feeding, and generally no medicines are necessary. The result of such a radical change in the management of typhoid fever, "has been, that diarrhœa is a less frequent symptom than formerly, and where it does occur, it is far more tractable, while tympanitic distension of the abdomen is a rare event." The sedate opium clyster and the frisky turpentine stupe, have quite disappeared from Dr. Johnson's iatrotechnic repertoire, in typhoid fever cases. His main reliance is a milk diet; milk has an "antilaxative, and even constipating effect in various morbid states, and when given alone it is one of the best antidotes for the diarrhœa of typhoid fever." In addition to milk, he gives, usually, a very small amount of beef tea and two raw eggs, every twenty-four hours. The medicines used are the "yellow mixture," which is simply colored water, "an exceptional dose of chloral to procure sleep, and a tonic during convalescence."

2. *Apocynum Cannabinum in Dropsical Affections.*

The value of this drug in dropsies was discussed at some length in a late meeting, May 18th, of the Kings County, N. Y., Medical Society. Dr. Hutchins related a case "of general anasarca, complicated with pleuritic effusion and hydro-pericardium," in a man 60 years of age, with extreme dyspnœa, from enormous distension. All diuretic means tried had failed, and at last apocynum was used. The part of the plant that is officinal is the root, but experience proves that the BARK *of the root* ONLY is efficacious. This fact was not made known to

the doctor until after a few trials of some of the ordinary shop preparations of the drug, which trials were failures. Accordingly a fluid extract was made of the root's bark, and given to the patient. In forty-eight hours, "the man who had been so frightfully distended was reduced to a skeleton." The diuretic action of this agent is powerful. The amount of urine passed under its influence was said to be "incredible" in Dr. Hutchins' case. The patient lived for a year after the above named medication, and during that time "the water never accumulated, any disposition thereto being immediately relieved by the infusion of this drug."

Prof. Armour related the particulars of similar success in two cases of general anasarca. The patients were suffering from "immense dropsical accumulations, and all the usual remedies had failed." After the administration of apocynum, and within seventy-two hours, the patients were drained almost to skeletons. The professor "has but little confidence in using cathartics, diuretics, apocynum or any other remedial measure in removing fluid effusion in close cavities, when it results from acute or sub-acute *inflammation* of serous tissues." If the effusion be inflammatory *ex*udation, surgical means only will relieve the patient. If the effusion be a *trans*udation, *then* apocynum, diuretics and hydragogue cathartics will avail. He attributes his *successful* applications of apocynum to the former class of cases, and his *failures* to the latter.

Particular stress is laid on the necessity of obtaining a good drug, and the right part of it. If attention be not paid to this point the physician might as well amuse himself with cinnamon water.

3. *Mechanism of the Action of Jaborandi and a Summation of its Effects.*

A series of very elaborate articles, entitled "Physiological and Therapeutical Studies on Jaborandi," has appeared in the new *Journal de Thérapeutique*, of Paris, since Nov. 1, 1874, from the pen of M. Albert Robin, one

of the medical savans of France. Extensive qualitative and quantitative analyses of every obtainable secretion and excretion of the human body have been repeatedly made while taking jaborandi. The effects of this drug on the eye, on the bodily temperature, in health and in febrile diseases, on the pulse, (extensive sphygmographic tracings accompanying the article,) are given in tedious detail, in numbers of this journal extending over a period of nine months; and in the last number are given the "mechanism of the action and a summary of the effects" of this new therapeutic agent, which are here given in full:

The active principle, *pilocarpus* (or pilocarpia, the alkaloid of jaborandi,) produces its influence by exciting while passing through, the salivary and sudoriparous glands, its elective emunctories; the activity of the latter is prodigiously exalted; it is accompanied by a "sanguinary efflux to the hyperexcited organs and by a certain degree of general stimulation of the system."

The irritation of the secreting cells and the peripheral stimulation, are transmitted to the reflex centres, by the eisodic nervous filaments and returned to the vaso-dilator and vaso-constrictor nerves which furnish to the organs of secretion the whole of the nutritious fluid exacted by their increased action.

This, it seems to us, is the physiological mechanism by which jaborandi acts to produce the effects, studied in the course of this investigation, which are:

Diaphoresis and sialorrhœa, with the elimination of rather a large proportion of urea, of the chlorides, of ptyaline, and of the carbonates.

Secondary hypercrinias, lachrymal, nasal and tracheo-bronchial; secretory irritation of glands annexed to the digestive tube, manifest, especially, when the external effects are a little complained of.

Slight augmentation of the temperature of the skin when the blood flows into this region to supply the material to the sudoriparous glands for their secretion; cold

in the cutaneous envelope in consequence of the evaporation of the sweat upon its surface.

Corresponding increase in the pulse, which augments in frequency at the onset of the sweating and diminishes with the same; diminution of the intra-vascular tension, consecutive to the augmentation of capacity of the general circulatory system; irregularity of the beats of the heart when given to those with cardiac troubles, with a sort of toxic asystolia, apparently resulting from a disturbed action of the medicament upon the innervation of the heart.

Diminution of the quantity of urine secreted; but this is not in sufficient quantity to compensate for the fluids lost through the agency of the skin and salivary glands, in the same way that elimination is accomplished, although the kidneys may be liberated from a portion of their functional work.

A diminution in the phenomena of disassimilation, very trifling, as can be shown by an actual falling off of urea, which, however, is disproportionate to the energy of secretory activity, and indeed, seems independent of it; diminution of the quantity of uric acid eliminated by the urine, probably owing to a diminution in the intra-organic formation of this acid; and if it be admitted that uric acid is one of the conditions in which the albuminoid materials of the tissues are eliminated, before reaching a complete oxydation of which urea is the limit, the diminishing of this acid compared with that of urea will be still more an argument for our opinion as to the lessening of disassimilative combustion.

Diminution of the chlorides.

After the action of jaborandi, there is relatively greater energy in disassimilation, especially when the hypercrinitic effects of the medicament have been produced with great activity.

Finally, a diuretic action of jaborandi taken in fractional doses.

Such is a hasty schedule of the principal physiological effects of jaborandi.

4. *Gelsemia. Its Physiological Action.*

Dr. J. Ott, Demonstrator of Physiology in the University of Pennsylvania, after a prolonged series of experiments enumerated in the *Philadelphia Med. Times*, July 31, 1875, which he made in the laboratory of Prof. F. G. Smith, gives the following summation of his observation on the action of this alkaloid of gelseminum.

1st. In cold blooded animals it paralyzes first the sensory ganglia, and then the motor ganglia in the central nervous system. This order is reversed in warm blooded animals.

2nd. It diminishes the pulse and pressure.

3rd. This decrease of pulse rate is due to lessened irritability of the excito-motor ganglia of the heart.

4th. The fall of pressure is due to the diminution of cardiac irritability and vaso-motor tonus.

5th. It decreases the respiration through a paralyzing action on the respiratory centres.

6th. It dilates the pupil.

7th. It reduces the temperature.

5. *Chloral versus Strychnia Poisoning. Another Case.*

Dr. J. W. Winslow, of East Hampton, Mass., adds another case of successful treatment of strychnia poisoning with chloral, to the many already recorded. He writes to the *Philadelphia Med. and Surg. Reporter*, Aug. 14, 1875, "On my arrival at the house about an hour and a half after the dose was taken (half a teaspoonful of strychnia in half a tumbler of water), I was met by the father, who told me that his daughter, a young woman, had had spasms for the past hour and that they were increasing in severity—that she was "*just gone.*" Cupric sulphate produced speedy emesis. "Spasms were severe and continuous." Twenty grains chloral were given, when suddenly a frightful opisthotonic

convulsion occurred. "Soon as possible afterwards thirty grains more were given, when the spasms gradually diminished in frequency and force, entirely subsiding within the space of two hours." Recovery was complete.

6. *Still Another.*

The *Philadelphia Med. Times*, also bearing date Aug. 14, 1875, records another case of successful treatment of a case of strychnia poisoning by chloral, communicated by Dr. C. Bivine, of Tarrytown, Md. He gave 40 grs. of chloral when the patient—a girl of 16 years of age—had reached the stage of "general spasms, accompanied by opisthotonos and asphyxia;" 30 minutes thereafter he gave 40 grs. chloral more, and "soon after, she fell asleep." Thence to recovering he gave her chloral and potassic bromide as the case demanded. When she awoke and convulsions appeared, more chloral was given. Gradually the toxic action passed off. At the end of 48 hours there were only "slight occasional renewal of spasms and some nervous spasms." Recovery, as in the preceding case, was complete.

7. *Treatment of Neuralgia.*

Prof. von Pitha having suffered from various kinds of neuralgia for the last two years, gives an interesting account of his observations on himself, and comes to the conclusion that the hypodermic use of morphia is the only rational treatment, and generally can be employed without injurious consequences for a long period. But very small doses must be given to begin with, and gradually increased as need be. To guard against the unpleasant action of the morphine on the stomach, P. recommends the addition to the morphine of sulphate of atropia (gr. $\frac{1}{100}$) or the internal administration of muriate of quinia in black coffee.—*Wiener Med. Zeitung.*

# Book Reviews.

[NOTE. — All works reviewed in the pages of the CHICAGO MEDICAL JOURNAL AND EXAMINER may be found in the extensive stock of W. B. KEEN, COOKE & Co., whose catalogue of Medical Books will be sent to any address upon request.]

ON PARALYSIS FROM BRAIN DISEASE IN ITS COMMON FORMS. By *H. Charlton Bastian, M.D., Etc.* New York: D. Appleton & Co. 1875. pp. 335. Price, $1.75.

It is as pleasurable as it is rare, among the multitude of books that appear to have been born because their authors and not the world were in need of them, to come to one that is valuable throughout and that has hardly a defect. Yet such is the volume before us. It comprises eight lectures delivered on this interesting subject by Dr. Bastian in University College Hospital in 1874. Previous to their publication in book form the lectures were revised and somewhat enlarged.

The author discusses the subject from a purely clinical stand-point, in marked contrast with the manner heretofore generally in vogue among writers on this subject, and of which he complains, of considering the topic almost solely from the aspect of pathological science.

There is no objection to pathological studies; these are valuable. But any one of several different kinds of lesion in a given part of the brain may cause the same group of symptoms; so that a most important study of the subject, for the active physician especially, must be that which considers, from the symptoms and history, the location in the brain of the lesion, the extent and nature of the damage, and, as far as possible from such information, the pathological nature of the lesion in each case, the prognosis and treatment. Such a study the author attempts to supply, while at the same time a tolerably systematic consideration of the whole subject is presented. As he truly says of his subject, "No

department of medicine stands more in need of being represented in a text book of moderate compass."

In the first lecture the causes of hemiplegia are briefly considered, "with the view of obtaining data available for purposes of diagnosis." The only causes thoroughly discussed, however, with their more immediate consequences, are rupture, occlusion and spasm of the cerebral arteries. Meningeal, cerebral and cerebellar hæmorrhage, thrombosis and embolism, and the softening often so rapidly following these, are considered at considerable length, while induration, tumors, abscesses, injuries and congenital atrophies are barely mentioned, as they relate to the more slowly arising and more irregular forms of hemiplegia. About spasm of vessels as a cause, it is very safely said, "there is a great deal of uncertainty." There is probably an altered molecular state in the brain tissue which accounts for the spasms which come and go so quietly that they leave no organic change by which we may be *sure* they ever existed, and yet the author has no doubt many cases of hemiplegia are to be placed in this category. Here he groups many cases of "Epileptic Hemiplegia," "Emotional Hemiplegia," and a few "cases of an hysterical character." Patients with various symptoms that class them under these respective heads are attacked, fall down, become hemiplegic and after a variable time and possibly many vicissitudes recover, and no discoverable lesion tells us positively of the condition that existed. Spasm of vessels is the explanation offered; but sparseness of facts that can be presented bearing on this point make it one of great interest in clinical study.

Speaking of hemichorea as being followed by hemiplegia of the same side, the author believes in a certain number of such cases "minute vessels become blocked in the corpus striatum and adjacent parts of the brain," he himself having found this on three or four occasions.

In the second lecture hereditary influences as favoring

hemiplegia are considered; then follows an admirably concise statement of the important knowledge—that from both early and recent investigations—concerning the distribution and relations of the cerebral blood vessels, the lecture closing with a discussion in part of the symtomatology of hemiplegia, which is continued through succeeding lectures.

A lecture is devoted to alteration of nutrition, degeneration of the cord, and the symptoms due to the functional differences between the two cerebral hemispheres; another to regional diagnosis in brain disease—the most valuable chapter in the book, in our estimation; the seventh considers the cerebellum, its functions and symptomatology, and closes with half a dozen pages on "pathological diagnosis," while in the closing lecture the subjects of prognosis and treatment are briefly considered.

With Broadbent, the author denies for the optici thalami the seat of the 'sense centre' for common sensation, but locates it on the upper and posterior part of the pons Varolii, thereby agreeing with "many eminent physiologists."

Of the author's recorded cases of hemiplegia about three and one-half per cent. were of the irregular and exceptional form in which the upper extremity recovers more rapidly than the lower—the reverse being the rule. He does not think these causes are necessarily attended with dementia or an earlier fatality than the more common forms—herein differing with the opinion of Trousseau.

After referring at considerable length to aphasia and other conditions and symptoms due to a lesion in the left hemisphere, we are told that lesions of the right hemisphere are more often fatal than those of the left; that, too, disorders of nutrition on the paralyzed side and convulsion and spasms of these parts, as well as the "conjugated deviation of the eyes," "hysterical paralysis," and paralysis and convulsions of muscles on the same side of the body with the lesion, occur most with

lesion on the right side. "The occurrence of paralysis or of convulsions on the same side as the brain lesion, is, with our present knowledge, quite inexplicable." But the author suggests that it might be explained by supposing some vice of development had led to a failure in the perfect decussation of the fibres in the motor tract, and thinks it better to entertain the possibility of such an event than to distrust the regularity of the phenomena produced by brain lesion.

He says the habit of bleeding and purging is now so completely abandoned that it is needless to object to it—in which statement he is in some degree mistaken, at least so far as this country is concerned.

He advises strongly against the early use of faradization of the muscles, and condemns the sending of galvanic currents through the head at any stage. He is not aware of any sound principle upon which such haphazard attempts can be commended. In the rare cases of the early wasting of muscles "much good may be done by faradization." With this brief reference he dismisses the subject of electricity.

It is to be regretted that more of the author's sensible notions on treatment are not given. Yet this defect we can hardly complain of as the major promise was to discuss clinical considerations, and as upwards of 200 pages are devoted to a review of symptomatology and original diagnosis.

What the lectures omit, rather than any statements they contain, will be a disappointment to the reader. The treatment of the subject is so admirable that one instinctively finds himself wishing more had been said on some points, where space and time seem to have compelled the author to abbreviate. Altogether the book is an excellent one. The profession can well bear to be given more books of this kind; they are needed. We need more monographs generally, and we can particularly profit by more books like this which amounts to a digest of the best studies on the subject it treats, condensed

into a small space by an able hand, with his own studies and opinions to tone the whole.

CLINICAL LECTURES AND ESSAYS. By *Sir James Paget, F.S.R.* Edited by Howard Marsh, F.R.C.S. New York: D. Appleton & Co. 1875. Price, $5.00.

Although most of these lectures have already been published in various medical journals, the profession is greatly indebted to Mr. Marsh for having collected them into one volume. Paget's writings are of more than a transient interest, and this book is a valuable contribution to medical literature. We admire the rich experience and keen observation as well as the great sincerity of the eminent surgeon. It is a pleasure indeed to read a book which, on every page, leaves the stamp of truthfulness and wise judgment. Distinguished by his operative skill he does not underrate the minor parts of surgery in their influence upon the ultimate success of operations; speaking of the calamities of surgery he graphically demonstrates the great importance of carefully dressing the wounds and looking to all the seemingly little things that, after an operation, minister to a patient's comfort and welfare. And he also gives the sound advice that before deciding upon an operation, "you should examine the patient with at least as much care as you would for a life-insurance." But we need not enter into the details of the contents of a book every physician ought to read in full. F. C. H.

THE MULTUM IN PARVO REFERENCE AND DOSE BOOK. By *C. Henri Leonard, M.A., M.D.* Second Edition. Detroit. Paper, 60 cts.; cloth, 75 cts.

Table of contents contains—List of Doses, Officinal Preparations, Rules of Pronunciation and of Genitive-Case Endings, Incompatibles, Poisons, Antidotes and Tests, Urinalysis, Obstetric Syllabi, Visceral Measurements, Epitomizations of the Exanthemata, Pronunciation of Medico-Biographical Names, Ethics, Fee-bill and Emer-

gency Expediencies. Mindful of, and appreciating the thousand-and-one "Casebooks" and "Handbooks" for Physicians, still every one must acknowledge that this author has compressed an immense amount of ready, practical information into the minimum space.

BOOKS RECEIVED.

THE TEST POCKET ANATOMIST, (founded on Gray). By *C. Henri Leonard, A.M., M.D.* Detroit. 50 cts.

PAMPHLETS RECEIVED.

RELATIONS OF THE NERVOUS SYSTEM TO DISEASES OF THE SKIN. By *L. D. Bulkley, A.M., M.D.*

TRANSACTIONS OF MEDICAL ASSOCIATION OF ALABAMA.

AMERICAN CLINICAL LECTURES: Capillary Bronchitis of Adults. By *Prof. Calvin Ellis, M.D.*

FRACTURES OF THE INFERIOR MAXILLARY JAW. By *Dr. J. F. Montgomery*, Sacramento, Cal.

EXCHANGES.

Cincinnati Lancet and Observer—September.
New York Med. Record—Aug. 28, Sept. 4, 11.
Philadelphia Med. Times—Aug. 28, Sept. 4, 11, 18.
The Clinic—Aug. 28, Sept. 4, 11, 18.
Richmond and Louisville Med. Journal—August.
The Practitioner—July and August.
Canada Lancet—July.
Boston Med. and Surg. Journal—Aug. 26, Sept. 2, 9, 16.
Students' Jour. and Hospital Gazette—Aug. 14, 28.
Chemist and Druggist.
Med. and Surg. Reporter—Aug. 28, Sept. 4, 11.
Centralblatt f. Chirurgie, N. 31, 32, 33, 34, 35, 36.
New York Med. Journal—Sept.
Nashville Med. Journal—Sept.
American Med. Weekly—Aug. 28, Sept. 4, 11.
Atlanta Med. and Surg. Journal—Sept.
Allgemeine Medicinische Central Zeitung—62, 63, 64, 65, 66.
Allgemeine Wiener Med. Zeitung, 31, 32, 33, 34, 35.
Photographic News—August.
Boston Journal of Chemistry—Sept.
Virginia Med. Monthly—Sept.
The Druggists' Circular—Sept.
Nashville Journal of Med. and Surg.—Sept.

The Med. Herald—Aug.
The Pharmacist—Sept.
Detroit Review of Medicine—Aug. and Sept.
New Orleans Med. and Surg. Jour.—Sept.
St. Louis Clinical Record—Sept.
The Doctor—Sept.
The Dental Cosmos—Sept.
Am. Dental Journal—Sept.
Progres Médicale—July 28, Aug. 7, 14, 21, 28.
Memorabilien—Aug. 26.
Irrenfreund, No. 6.
Pacific Med. and Surg. Journal—Sept.
London Lancet—Sept.
La France Médicale—Aug. 25, 28.

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# Translations.

## HERMAPHRODISM,

### FROM A MEDICO-LEGAL POINT OF VIEW.

*Translated from the French of Basile Poppesco,*

By E. WARREN SAWYER, M.D.,

Lecturer on Obstetrics, Rush Medical College, Chicago.

(Continued from page 706.)

### III. NEUTER HERMAPHRODISM.

A third variety of hermaphrodism is that which is designated under the name of neuter hermaphrodism; it has been attempted to include in this variety two different categories: 1, the persons whose sex is not easily determined, well pronounced; 2, those persons in whom one observes the simultaneous existence of the organs of both sexes; this variety is also called the bisexual hermaphrodism.

The first variety does not exist; there are no beings absolutely neuter, not having one sexual attribute; and nearly all the cases reputed to be such, should be included in the apparent hermaphrodism of the male sex. Such

is, at least, the opinion of the medical jurist, and it is certain that in consultations that which is demanded of him in law should be adopted.

Prof. Tardieu does not admit a single authenticated instance of bisexual hermaphrodism, with coexistence of all the essential and accessory organs of the male and female sex. The fact has been admitted, however, by such authors as Maret, Meckel, Dugès, Is. Geoffroy Saint-Hilaire, Dutrochet; but it is true that, at this epoch, they were limited to an anatomical examination of the organs. We will make known our observations, however, in which the histological examination having been made by competent men, the simultaneous existence of the ovaries and testicles was established beyond question.

Maret* reported an instance of the simultaneous existence of the organs of both sexes; on one side, said he, the labium contained a veritable testicle, with the cord of the spermatic vessels, the vas deferens, and a seminal vesicle full of spermatic fluid. The right labium enclosed a membranous pouch, in which descended, when the abdomen was compressed with the hand in the right iliac region, an ovoidal body which was recognized as a uterus, without any communication with the external parts, but having one Fallopian tube and one ovary. "Hubert," says this author, "though he had the essential organs of both sexes, was not able to fill the functions of either; in vain did the testicle elaborate the semen when an imperforation of the penis opposed its emission; a Fallopian tube embraced in vain a well formed ovary, when the uterus was enclosed in a pouch without opening."

This singular variety in which the individual is found on one side of the body constructed after the type of the male sex, and on the other after that of the female sex, has

* Maret Mém. de l'Acad. de Dijon : *Vesiculas seminales et ovarium habens.*

been described by Is. Geoffroy Saint-Hilaire,* under the name of hermaphrodism with excess in the number of parts, *hermaphrodism bisexual or lateral.* Verdier and Sou have met with an analogous instance, as have also Colombo and Petit; these cases will be rather of the type that should be known under the name of androgynia; but the most commonly then, the arrest of development, especially in the case where the sexual system is double, belongs sometimes to the sphere of the masculine organs, sometimes to the feminine organs, in virtue of the law discovered by Serres, which he designated under the name of balancing the organs.

But, we repeat it, these varieties of hermaphrodism are more than exceptional; and we have enlarged upon them because of the scientific standing of the men who have called attention to them. Without the aid of the microscope, it appears to us very difficult to distinguish between an ovary and a testicle, especially when concerned with organs that are atrophied, compressed, and have lost not only their normal relations but all their external features and their distinctive microscopical characteristics. Our aim has been only to represent the ideas and the opinions sustained and learnedly elaborated by those who have preceded us.

In closing, I will name one other variety, designated under the name of superadded hermaphrodism, by Dutrochet: in this case, the deepest organs are of one sex, the medium organs are of the opposite sex, and the external organs are the association of both sexes.

From what precedes, we are able to conclude, in a medico-legal point of view, that hermaphrodism presents itself to the observer under two principal forms; the frequent one is that in which an individual of the male sex offers an arrest of development, with some general and local features which approach the female sex; the other rare and exceptional, in which the person of the

* Is. Geoffroy Saint-Hilaire. Recherches anat. et phys. sur l'hermaphrodism chez l'homme et les animaux; rapport de Dutrochet.

female sex has, simultaneously, an excess of development in one organ and an arrest of development in some others, with a predominance of the masculine conformation more or less marked.

### EMBRYOLOGY AND PATHOLOGICAL PHYSIOLOGY.

The preceding study would certainly remain in a state of confusion and be vaguely remembered if, in reviewing the facts, we could not at first sight with clearness and precision refer all these infinite varieties to an arrest of development; thanks to the works of modern embryology. The names of Isidore Geoffroy Saint-Hilaire, Dutrochet, Serres, and of Coste, recall the authors who have best elucidated these questions.

The genital organs consist essentially of two classes, which are clearly distinct, both in the man and in the woman: those of the one preponderant and essential, are developed within the abdominal cavity, and are especially designed for the secretion of the fundamental products, ovule and sperm; the other, secondary and accessory, perform their functions outside of the abdominal cavity, in the neighborhood of the pubic arch. These two parts during intra-uterine life are independent of each other; they have a different location, their vessels and nerves arising from opposite sources, and are even separated from each other by structures, whose normal *rôle* is to disappear at a given moment of fœtal evolution. When this disappearance does not take place, and the adhesion abnormally persists, there will result some variety of these arrests of development which we have designated under the name of hermaphrodism.

Take for example the conformation of the female sexual apparatus; one of the two groups of organs is superficial and comprises the external genital organs; the other is profound, intra-pelvic, and comprises the organs of generation properly speaking, or the internal genital organs; these two groups are connected by an intermediate organ, the vagina, interposed between the *bas-fond* of the

bladder anteriorly and the rectum posteriorly, in such a manner that it is a mixed organ, having a particular development, a special formation: should this conduit become obliterated, and the internal genital organs become atrophied, then the external genital parts present an exaggerated development, and there will result that variety of hermaphrodism which is usually designated under the name of apparent hermaphrodism in the female sex; because then the clitoris acquires an exaggerated size, it is grooved, as in those individuals who are the subjects of hypospadias, and the meatus, also, opens almost at the base of the clitoris.

But the results of embryology will enable us to penetrate still further in the study of these facts. In an embryo of thirty-five days, the Wolffian bodies, situated on the sides of the vertebral column, are completely developed: on their external face, there is a distorted conduit which terminates above in a wide orifice, inferiorly it opens in the bladder alongside of that of the opposite side; it is this conduit, called the spermduct or oviduct, which, later, will constitute the *vas deferens* or *Fallopian tube*, according to the sex. On the internal surface of the same Wolffian bodies is observed a swelling which grows from day to day: this will be the testicle or ovary; this swelling has two filamentous processes, the superior of which goes to be attached to the oviduct, the inferior goes to be inserted in the pubic spine. Later, if the individual is of the male sex, the spermduct goes to unite with the testicle, then the vas deferens exists; on the contrary, if the person is of the female sex, the Fallopian tube remains isolated from the ovary.

Inferiorly, the oviduct and the spermduct are arranged in two different ways; the spermduct remains separated from its fellow, and, after traversing an enlargement which will become the prostate, opens to the inferior part of the urinary passages. The prostate, which, according to some authors, (Meckel, Is. Geoffroy Saint-Hilaire,) ought especially to be regarded as the analogue of the uterus,

is a structure formed by the two vasa deferentia, just as will be seen the uterus is manifestly a formation of the two oviducts. In reality, these two conduits unite to form a single cavity which will be the cavity of the uterus; should the fusion be incomplete, there will result a vice of conformation very rare, a partitioned uterus; of which a remarkable specimen is in the museum of Orfila.

The preceding observations arise from the facts already prominently advanced by Dutrochet, in his report on the memoir of Is. Geoffroy Saint-Hilaire, viz., the complete analogy, the absolute identity which exists in the sphere of the internal generative organs during the first months of intra-uterine life, in the blastema even; in the primitive seat, the absolute identity which exists in the internal part of the Wolffian bodies; the analogous structure of the conduits which constitute the Fallopian tube or the vas deferens; even the anatomical elements entering into the structure of that which will some day be the ovary or testicle, the uterus or the prostate. It is not until the eighth month that the testicles leave the places which they occupied, and during the ninth month they traverse the inguinal canal in order to reach the scrotum. This remarkable analogy is even more striking, when we come to consider the development of the external generative organs. It is at about the sixth week that there is seen to form, from the animal layer, or the external layer of the blastodermic membrane, a fissure which is common to the genito-urinary organs and the apparatus of defecation, and which has received the name of *cloaca;* this fissure will always extend to meet the *cul-de-sac* formed by the inferior extremity of the intestinal layer. From each side of this antero-posterior fissure, according to Coste, appear superiorly two projections: rudimentary corpora cavernosa; inferiorly, there are two other smaller projections, which in the man are the origin of the scrotum, and in the woman of the labia majora. These two upper processes unite at their

upper surface, leaving on their inferior surface a groove for the canal of the urethra in the male, while in the female the groove remains permanent. If, in the male, the urethral canal fails to be developed beneath the corpora cavernosa, which constitute the penis, there will result a vice of conformation which we have already spoken of as hypospadias. The two inferior processes remain distinct from each other; but we may know at once, as Professor Richet* has said, "whatever the future sex may be, no difference exists; and it is not till later, in uniting, that the two processes form the scrotum in the male, while in the female, separated by the longitudinal fissure, they form the labia majora."

Later, a septum divides into two portions the fissure, which to this time was designated under the name of cloaca; the anterior division of this fissure, (uro-genital) continues to be a cavity into which the excretory canals of the genital and urinary organs open.

Finally, in the male, the union of the two lateral processes takes place, while in the female the persistent labia continue to limit an opening which now takes the name of vulva.

Thus, from this observation, we learn that, in the first moments of their existence, the external genital organs of all fœtuses have the same conformation, to that degree, even, that the clitoris in the fœtus of four months is as large as the penis of the fœtus of the same age. Two phases, in the development, are then observed: in the first, the separation of the two lateral parts, which to this time had developed towards each other, remains permanent; whilst in the second phase, and only in the male fœtus, the union of the two lateral parts is effected; in this connection, we repeat the judicious remark of Dutrochet†: "With respect to the conformation of the external genital organs, every man was at first a woman."

Should the two borders of the uro-genital fissure fail

* Richet. Traité d' Anat. Méd-Chirurg.

† Dutrochet. Acad. des Sciences.

to approach each other, there will be beneath the penis, often of diminished size, an infundibuliform cavity, bordered on each side by a fold which will resemble the labium majus much more than ordinarily obtains in these cases; the urethra failing to effect its fusion beneath the united corpora cavernosa, there is hypospadias, and often cryptorchidia. There results then that vice of conformation which is made the subject of this study; and which allows us still to conclude formally that, in the great majority of instances, the hermaphrodites ought to be referred to the male sex.

Thus, as Serres has remarked in his *Organogénésie*, the fœtuses of the mammifera pass by different degrees of organic formation, which correspond in their transitory phases to the normal, constant state of the creatures that are placed lowest in the organic scale; thus is not the monstrosity often, he asks, the persistence of one of the transitory phases of the fœtal organization?

How are these arrests of development, located in the various parts of the genital organs, to be explained? Here again, we are enabled to accept the considerations given by Serres, regarding the preponderant influence of the vessels on the development of the organs. According to the origin of these vessels, he divides them into three orders, each one corresponding to a subdivision of the generative organs; the generative organs themselves being constituted by the association of six principal sections. Moreover, this fact has been established by Is. Geoffroy Saint-Hilaire, and that, too, in the male sex as well as in the female. The superior division receives its arteries from the aorta, through the spermatic artery or the utero-ovarian artery (ovarian, spermatic); the middle division, from the hypogastric artery, through the uterine arteries, the arteries of the prostate, the internal pudic, etc.; finally, the inferior or superficial division has its own arterial network arising from the external iliac artery or the femoral, through the external pudic artery. Upon these data, however, his explanations are rather

more philosophical than positive. Serres thus founds his conclusions, in order to show how the arrests of development, which constitute hermaphrodism, may be located either in the two inferior symmetrical divisions, (for example, absence of union of the two lateral folds which should form the scrotum), or the two superior divisions, (absence, or arrest of development of the ovary or testicle), accordingly as the arteries of the inferior or superior divisions are obliterated or are of diminished calibre.

In the same manner, he explains the facts which we have considered under lateral or bisexual hermaphrodism; facts that nearly all modern authors reject as being the result of insufficient observation. Serres presumes that, in these cases, the vascular irrigation being unequally supplied to these three lateral divisions, there will result upon one side an incomplete development, and upon the other, on the contrary, a true hypertrophy; consequently a formation of female organs upon one side, and male organs upon the opposite side.

(To be continued.)

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## Medical News and Items.

A DANIEL COME TO JUDGMENT!—The N. Y. *Medical Record* of August 7th, in a critique upon Dr. Johann Steiner's Compendium of Children's Diseases, translated into English by Mr. Lawson Tait, perpetrates some inexcusable blunders.

The author of the critical (?) review to which we refer, objects to the phrase "exhibition of a drug," and decides that "administration" is the proper term to be employed in such a connection. If Dr. Noah Webster be considered an authority in such matters, Mr. Tait is quite correct in his use of the language. Here is the definition given in the Dictionary *verbatim:*

"3. (Med.) To administer as a remedy; as, to *exhibit* calomel."

Our critic further considers "contraction" an imperect translation, when "contracture" should be employed. There is no such word as "contracture" in proper English medical phraseology.

The same writer would substitute for "exaggerated respirations," "accelerated"—a substitution which would entirely change the meaning of the author.

He would also change "Canton Schweiz" and "Schweiz" into "Switzerland." Now, "Canton Schweiz" no more refers to "Switzerland" than does "Borriboola Gha"! We recommend our critic to the study of geography.

Here is a sample of the mother tongue of the same reviewer: "Children predisposed to scrofula entirely on animal food," "by no means so full as the American reader would like to see," etc.

This is hypercriticism, but it is the sole remedy for hypercritics.

DISTINCTION AND DIFFERENCE.—The Cincinnati *Clinic* of Sept. 11, comments as follows upon the consolidation of the two medical journals of this city: "So far as we can judge from the present number, the JOURNAL is now an organ of the Press Association, instead of a Medical College: to an outsider this is a distinction without a difference."

The Chicago Medical Press Association, of which this journal is the official organ, represents the entire medical profession of Chicago in its corporators and stockholders. Instead, therefore, of being the organ of a single medical college, the JOURNAL AND EXAMINER is to-day the organ and representative, not only of all the regular medical colleges, but also of the other medical institutions of Chicago. This would seem to be a distinction *with* a difference.

An illustration of the failure of *both* distinction and

difference may be found in the leading article of this same number of the *Clinic*, where, out of some sixteen published formulæ, at least ten are expressed in a singular admixture of English and Latin words. Some of the latter, too, are in a bad case. "To an outsider" the *Clinic* would appear to make neither distinction nor difference between the two languages. We commend our sprightly cotemporary to the Report on Medical Literature in the Transactions of the American Medical Association for 1873.

The new County Hospital—or the two pavillions thereof now being erected—is progressing favorably. The walls of both buildings are now nearly ready to be roofed. How long it will be before the wards will be ready to receive patients, nobody knows, but we are informed that architect Cochrane promises the Board of Commissioners that the building shall be completed by mid-winter. Of course after the ward-rooms are finished, several weeks must elapse before they will be sufficiently dry to make it safe to fill them with sick people.

The Board of Commissioners of Cook County have done a very sensible thing to loan the city sufficient funds to enable the latter to thoroughly sewer and fill up to grade the streets bounding on the north and east of the new hospital lot. The Board have moved in the matter of a new hospital very slowly, but many of their late actions in the premises have been marked with commendable wisdom.

In the Mount Sinai Hospital, New York City, a new treatment for articular rheumatism is said to have been adopted, which consists "in packing the patients with blankets wrung out of hot water and changed as often as their temperature falls." The results are said to be as good as those obtained from the use of cold water and ice.—*N. Y. Med. Jour.*, Sept., 1875.

The new building for Rush Medical College will be commenced in a few weeks. The plans are now nearly complete. The building will be 68 by 82 feet on the ground; will reach nearly 80 feet toward the clouds, and will have four stories above a nine-foot basement. The style of architecture is, in a general way, Gothic. The building will be surmounted by a mansard roof, furnished with large dormer windows to give light to the upper lecture room. Each of the two lecture rooms will have capacity for seating 450 people. The new college lot is on the corner of Wood and Harrison streets, diagonally opposite the new County Hospital. We learn that it is intended to have the building completed by the time the County Hospital is ready for occupancy.

The *Chicago Journal of Nervous and Mental Diseases* is at present our only cotemporary, representative of regular medicine in this city. The reputation which it has already established in this country and abroad, is based not only upon the intrinsic excellence of its original researches, but upon its value as a mirror of neurological science. We are as justly proud of its success as its editors might well be; and take pleasure in commending its pages to our friends and subscribers.

The Board of Directors of the Central Free Dispensary of West Chicago have contracted to establish in the building of Rush College, as soon as completed, a free dispensary, to be a permanent institution. This arrangement is made to carry out the provisions of the will of the late Jno. Phillips, who bequeathed a considerable fund in trust to the trustees of Rush College, for dispensary purposes for the sick poor of Chicago. Almost the entire first floor of the College is to be set aside for the use of the dispensary. The income from the bequest referred to is to be devoted to the maintenance of this dispensary.

An exceedingly interesting paper on the existence of Motor Centres in the Cortical Substance of the Brain was read by the President of the American Neurological Association before the Chicago Society of Physicians and Surgeons on the evening of September 13th. It was received with marked attention by the unusually large number of medical gentlemen who had assembled to hear it. We shall present a brief abstract of the same in the Society Report in our next issue; and desire to state that the paper will be published *in extenso* in the October number of the *Chicago Journal of Nervous and Mental Diseases.*

DEATH OF SIR CHARLES LOCOCK.—The *London Echo* contains the announcement of the death of Sir Charles Locock, Baronet, the first physician accoucheur to Queen Victoria. He was born in 1799, and graduated in Edinburg in 1821. After going to London, he was selected, above all others, at the advice of Sir James Clarke, as physician-accoucheur. He was also a Fellow of the College of Physicians, at Edinburg, President of the Royal Medical and Chirurgical Society in 1857, was appointed Honorary President of the Obstetrical Society in 1863, and in 1864 was elected a Fellow of the Royal Society. He attended the Queen at the birth of every one of her nine children.

THE VIENNA FACULTY.—The council of Medical Professors at Vienna, at its last sitting, appointed Dr. Mayerhofer Extraordinary Professor of Gynecology, and Dr. Rosenthal of Neuropathology and Electro-Therapeutics. Dr. Wertheim will probably also be appointed an Extraordinary Professor of Dermatology and Syphilis. Drs. Kaposi, Auspitz, and Neumann, formerly *privat docenten*, have been appointed Extraordinary Professors of Dermatology and Syphilis. Dr. Carl Stoerk, *privat docent*, has been appointed Extraordinary Professor of Laryngoscopy.—*Times and Gazette*, July 24, 1875.

A NEW MEDICAL TERM.—"In an article on the correspondence of the celebrated socialist, Proudhon, Dr. Pellarin, in quoting the passage—'a while ago I thought myself convalescent, I should rather say *dévalescent*, for I am tending not towards health but towards disease,'—says that his readers (*Union Méd.*, June 10,) ought to feel obliged to him for noting this creation of so expressive a word by Proudhon."—*Union Médicale.*

The *N. Y. Med. Journal* for September, scores mercilessly the *N. Y. Med. Register* for 1875–6, for a number of defects and shortcomings, chief among which are the following: It is confused in its arrangement; it has no index; the advertisements interspersed through the book give it the appearance of a cheap business directory, and the typography is wretched.

THE PRURITUS OF VARIOLA.—Dr. Noel Guéneau de Mussey recommends the following ointment to allay the pruritus which accompanies the eruption of variola, and to prevent the patient from lacerating the skin by scratching: Bromide of Potassium, 3 grammes (45 grs.); Camphor, 30 centigrammes (4.5 grains); Cerate, 30 grammes (450 grains). To be applied daily.—*Union Médicale*, July 24; *Times and Gazette*, July 31, 1875.

By a rule recently adopted by the Trustees of the Hospital for Women and Children, hereafter *Internes* in that institution (women always) are to be appointed by competitive examination. This is as it should be.

Dr. F. C. Hotz has resigned his position as Oculist and Aurist to the Cook County Hospital. Dr. W. T. Montgomery succeeds temporarily to the service.

Dr. Wm. C. Lyman, who left town a few weeks ago afflicted, as it was feared, with a fatal malady, has returned and resumed his practice. He is as hearty, to all appearance, as he ever was.

***Chicago Mortality Report for August, 1875.*** Reported by Dr. BEN. C. MILLER, Sanitary Superintendent.

| | |
|---|---|
| Accident, crushed | 3 |
| " drowning | 12 |
| " exhaustion | 1 |
| " fall | 4 |
| " in elevator | 1 |
| " by poison | 2 |
| " railroad | 10 |
| " shooting | 1 |
| " suffocation | 1 |
| Abscesses | 4 |
| " lumbar | 1 |
| " psoas | 1 |
| Apoplexy | 4 |
| Bowels, intussusception of | 1 |
| Brain, anæmia of | 1 |
| " compression of | 1 |
| " congestion of | 7 |
| " hæmorrhage of | 1 |
| " inflammation of | 4 |
| " softening of | 3 |
| Bronchitis | 8 |
| " capillary | 3 |
| Caries of vertebræ | 1 |
| Cancer of breast | 2 |
| " of peritoneum | 1 |
| " of stomach | 6 |
| " of uterus | 5 |
| Child birth | 3 |
| Cholera infantum | 278 |
| " morbus | 3 |
| Colitis | 2 |
| Consumption | 44 |
| Convulsions | 100 |
| " puerperal | 2 |
| Croup | 4 |
| Cyanosis | 2 |
| Debility, general | 12 |
| Deficient development | 2 |
| Diarrhœa | 66 |
| " chronic | 8 |
| Diphtheria | 10 |
| Dropsy, general | 3 |
| " ovarian | 1 |
| Dysentery | 30 |
| Enteritis | 22 |
| Entero-colitis | 24 |
| Epilepsy | 3 |
| Erysipelas | 1 |
| Exhaustion | 2 |
| Fever, intermittent | 1 |
| " puerperal | 2 |
| " remittent | 2 |
| " scarlet | 11 |
| Fever typhoid | 19 |
| Gastritis | 3 |
| Gastro-enteritis | 10 |
| Hæmorrhage | 1 |
| Hæmoptysis | 1 |
| Heart, disease of | 7 |
| " fatty degeneration of | 2 |
| " organic disease of | 3 |
| " neuralgia of | 1 |
| " valvular disease of | 4 |
| Hydrocephalus | 14 |
| Inanition | 32 |
| Intemperance | 2 |
| Intussusception | 1 |
| Kidneys, Bright's disease of | 2 |
| " disease of | 2 |
| " inflammation of | 2 |
| Laryngitis | 1 |
| Liver, inflammation of | 1 |
| Lungs, congestion of | 3 |
| " hæmorrhage of | 1 |
| " œdema of | 1 |
| Manslaughter | 1 |
| Mania | 1 |
| " puerperal | 1 |
| Metro-peritonitis | 3 |
| Measles | 4 |
| Meningitis | 15 |
| " cerebro-spinal | 11 |
| " tubercular | 2 |
| Metritis | 1 |
| Myelitis | 1 |
| Old age | 12 |
| Paralysis | 4 |
| Peritonitis | 6 |
| Pneumonia | 15 |
| Pyæmia | 1 |
| Pyelitis | 1 |
| Rheumatism | 1 |
| Scrofula | 3 |
| Septicæmia | 2 |
| Synovitis | 1 |
| Syphilis | 1 |
| Syncope | 1 |
| Suicide | 6 |
| Tabes mesenterica | 12 |
| Teething | 13 |
| Tetanus | 3 |
| Uræmia | 1 |
| Uterus, hyperplasia of | 1 |
| Vitality, deficient | 1 |
| Whooping cough | 21 |
| Total | 986 |

Premature births, 10; Still births, 54. Total, 64.

COMPARISON.

Deaths in August, 1875, 986 ; in July, 1875, 1,174. Decrease, 188. Deaths in August, 1874, 1,220. Decrease, 234.

AGES.

| | | | | | |
|---|---|---|---|---|---|
| Under one year | 460 | | Forty years to fifty | | 42 |
| One year to two | 216 | | Fifty " " sixty | | 31 |
| Two years to three | 21 | | Sixty " " seventy | | 18 |
| Three " " four | 22 | | Seventy " " eighty | | 15 |
| Four " " five | 9 | | Eighty " " ninety | | 3 |
| Five " " ten | 20 | | Ninety " " one hundred | | 2 |
| Ten " " twenty | 24 | | One hundred and upwards | | 2 |
| Twenty " " thirty | 51 | | | | |
| Thirty " " forty | 50 | | Total | | 986 |

| | | | | | |
|---|---|---|---|---|---|
| White | 974 | Males | 500 | Married | 172 |
| Colored | 12 | Females | 486 | Single | 814 |
| Total | 986 | Total | 986 | Total | 986 |

NATIVITIES.

| | | | | | |
|---|---|---|---|---|---|
| Austria | 1 | England | 9 | Sweden | 4 |
| Belgium | 1 | Germany | 64 | Switzerland | 1 |
| Bohemia | 9 | Hungary | 1 | Wales | 1 |
| Canada | 4 | Ireland | 59 | West Indies | 1 |
| Native—Chicago | 169 | Italy | 1 | Unknown | 7 |
| Foreign, " | 528 | Norway | 7 | | |
| U. States, other parts | 110 | Nova Scotia | 1 | Total | 986 |
| Denmark | 3 | Scotland | 5 | | |

Deaths daily, 31 5-6. Mean thermometer, 68.6°. Rain fall, 3.29 inches.

MORTALITY BY WARDS.

| Wards. | No. Deaths. | Pop. in 1874. | Percentage. | Wards. | No. Deaths. | Pop. in 1874. | Percentage. |
|---|---|---|---|---|---|---|---|
| 1 | 4 | 5,725 | one death in 1,431 | 11 | 20 | 14,022 | one death in 701 |
| 2 | 4 | 4,830 | " " 1,207 | 12 | 25 | 16,792 | " " 672 |
| 3 | 22 | 14,861 | " " 675 | 13 | 25 | 17,892 | " " 716 |
| 4 | 21 | 15,361 | " " 732 | 14 | 38 | 16,720 | " " 440 |
| 5 | 33 | 20,078 | " " 609 | 15 | 180 | 45,545 | " " 253 |
| 6 | 113 | 35,916 | " " 318 | 16 | 56 | 21,922 | " " 448 |
| 7 | 104 | 31,722 | " " 305 | 17 | 54 | 20,777 | " " 385 |
| 8 | 72 | 29,143 | " " 404 | 18 | 49 | 21,392 | " " 437 |
| 9 | 42 | 31,654 | " " 754 | 19 | 12 | 4,677 | " " 389 |
| 10 | 19 | 17,385 | " " 915 | 20 | 13 | 8,995 | " " 692 |

Ratio of deaths to population in 1874, one death in 402.

| | | | |
|---|---|---|---|
| No. deaths in Wards | 906 | Manslaughter | 1 |
| Accidents | 35 | Police Station | 1 |
| County Hospital | 11 | St. Joseph's Hospital | 1 |
| Foundlings' Home | 15 | Suicides | 6 |
| Hospital Alexian Bros. | 4 | | |
| Hospital for Women and Children | 1 | Total | 986 |
| Mercy Hospital | 5 | | |

# ANNOUNCEMENTS FOR THE MONTH.

## MONDAYS.

SOCIETIES.

*Mondays, Oct.* 4 and 18—Chicago Med. Society, regular meetings at Gault House, 8 P.M.

*Mondays, Oct.* 11 and 25 — Chicago Society of Physicians and Surgeons, regular meetings at Grand Pacific, 8 P. M.

CLINICS. *Every Monday.*

At Eye and Ear Infirmary, (Peoria and Adams Sts.) 2 P. M.—Prof. Holmes.

At Chicago College, 2 P. M. *Gynecological*—Prof. Merriman.

At Central Dispensary (239 W. Van Buren St.), 2 P. M., *Gynecological*—Dr. Adolphus; 3 P. M. *Medical*—Dr. Bridge.

At Mercy Hospital, 2 P. M. *Medical*—Prof. Johnson.

LECTURES *Every Monday.*

At Rush College (18th and Arnold Sts.), 8½ to 12½ o'clock—Profs. Gunn, Miller, Freer and Powell; 4 to 6—Profs. Lyman and Etheridge.

At Chicago College (from Oct. 4th), 8½ to 12½—Profs. Jewell, Isham, Haines and Bond; 3 to 6—Profs. Davis and Nelson, Andrews and Quine, and Roler.

## TUESDAYS.

SOCIETIES.

*Tuesday, Oct.* 12th — Academy of Sciences, regular meeting, 8 P. M. (263 Wabash Av).

*Tuesday. Oct.* 26th — Medico-Historical Society, regular meeting, 8 P. M.

CLINICS. *Every Tuesday.*

At County Hospital, 2 P. M., *Medical*—Prof. Johnson; 3 P. M., *Surgical*—Prof. Powell.

At Chicago College, 2 P. M., *Gynecological*—Prof. Roler.

At Mercy Hospital, 2 P. M., *Medical*—Prof. Hollister.

LECTURES. *Every Tuesday.*

At Rush College, 8½ to 12½—Profs. Gunn, Miller, Allen and Rea; 4—Prof. Lyman.

At Chicago College, 8½ to 12½—Profs. Jewell, Isham, Merriman and Bond; 3 to 6—Profs. Davis and Nelson, Andrews and Hatfield, and Byford.

## WEDNESDAYS.

CLINICS. *Every Wednesday.* [—Prof. Fitch.

At County Hospital, 2 P. M., *Ophthalmological*—Dr. Montgomery; 3 P. M., *Gynecological*

At Chicago College, 2 P. M., *Gynecological*—Prof. Nelson.

At Woman's Dispensary (229. 30th St.), 11 A. M., *Gynecological*—Drs. Hurlbut and Jackson; 1 P. M., *Electrical*—Dr. P. S. Hayes.

At Central Dispensary, 3 P. M., *Medical*—Dr. Bridge.

At Mercy Hospital, 2 P. M., *Surgical*—Prof. Andrews.

LECTURES. *Every Wednesday.* [Etheridge.

At Rush College, 8½ to 12½—Profs. Hay, Freer, Allen and Rea; 4 to 6—Profs. Lyman and

At Chicago College, 8½ to 12½—Profs. Hollister, Isham, Haines and Bond; 3 to 6—Profs. Davis and Curtis, Jones and Quine, and Roler.

## THURSDAYS.

CLINICS. *Every Thursday.*

At Eye and Ear Infirmary, 2 P. M.—Prof. Holmes.

At Chicago College, 2 P. M., *Gynecological*—Prof. Merriman.

At Central Dispensary, 2 P. M., *Gynecological*—Dr. Adolphus.

At Mercy Hospital, 2 P. M., *Medical*—Prof. Johnson.

LECTURES. *Every Thursday.* [and Lyman.

At Rush College, 8½ to 12½—Profs. Gunn, Miller, Allen and Rea; 4 to 6—Profs. Ross

At Chicago College, 8½ to 12½—Profs. Hollister, Isham, Merriman and Bond; 3 to 6—Profs. Davis and Nelson, Andrews and Hatfield, and Byford,

## FRIDAYS.

CLINICS. *Every Friday.*

At County Hospital, 2 P. M., *Medical*—Prof. Johnson; 3 P. M., *Surgical*—Prof. Powell.

At Chicago College, 2 P. M., *Gynecological*—Prof. Roler.

At Mercy Hospital, 2 P. M., *On Dis. Eye and Ear*—Prof. Jones.

LECTURES. *Every Friday.*

At Rush College, 8½ to 12½—Profs. Gunn, Freer, Allen and Rea; 4 to 6—Profs. Holmes and Etheridge.

At Chicago College, 8½ to 12½—Profs. Hollister, Quine, Haines and Bond; 3 to 6—Profs. Jones and Curtis, Andrews and Quine, and Roler.

## SATURDAYS.

CLINICS. *Every Saturday.*

At Rush College, 2 P. M, *Surgical*—Prof. Gunn; 3 P. M., *Diseases of the Brain and Nervous System*—Dr. Hay.

At Woman's Dispensary, 11 A. M., *Gynecological*—Drs. Hurlbut and Jackson; 1 P. M. *Electrical*—Dr. P. S. Hayes.

At Chicago College, 2 P. M., *Gynecological*—Prof. Nelson; *Surgical*—Prof. Andrews or, Isham; 3 P. M., *Medical*—Prof. Davis.

LECTURES. *Every Saturday.*

At Rush College, 8½ to 12½—Profs. Hay, Miller, Freer and Rea.

At Chicago College, 8½ to 12½—Profs. Hollister, Quine, Sherman and Hatfield; 3 to 6—Profs. Davis and Nelson, Andrews and Quine, and Byford.

☞ **The schedule of Woman's Hospital College had not reached us on going to press.**

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**The Preliminary Winter Session** commences Sept. 15, 1875, and continues till the opening of the regular session. It is conducted on the same plan as the Regular Winter Session.

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| | |
|---|---|
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| Graduation Fee, | 30 00 |

### FEES FOR THE SPRING COURSE.

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For the purpose of assisting meritorious individuals, the Faculty will receive a few *beneficiaries*, each of whom will be required to pay $43 per annum and the Matriculation Fee.

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Of these two books, Dr. Danforth, Lecturer on Pathology in Rush Medical College, says, as follows: "Dr. Richardson's book was prepared with special reference to physicians 'who are too busy to search through the elaborate and expensive manuals' already in existence, but who are still desirous of using the microscope with some degree of intelligence and understanding. The author takes hold of his task in a straight-forward and business-like manner, and the result is a most excellent and useful book. While the captious critic could doubtless find food for fault finding, it is yet true that no better manual of microscopy for the daily use of the physician has yet been published. Into the space of 326 octavo pages Dr. Richardson has compressed all that the physician needs to guide him in the selection of a microscope, as well as in its use for diagnostic purposes. We would especially commend the chapters on the "Examination of Urine;" it is difficult to see how a physician of any experience at all in microscopy, could fail in making correct diagnoses of the various forms of renal disease after a careful and *practical* study of the five chapters devoted to the microscopy of the urine.

Another very excellent and valuable chapter, is that on the "Examination of Sputum in Phthisis, etc.," a subject of vast importance in its relations to the early differential diagnosis of diseases of the respiratory organs.

The majority of microscopists would probably speak with less confidence in regard to their ability to determine the source whence dried blood stains are derived than does Dr. Richardson, but it is none the less true that the author's chapter on that subject gives evidence of much careful and conscientious study on this point, and his opinions are entitled to great weight.

The chapter on the "Examination of Morbid Growths," is singularly disjointed and incomplete; it is, indeed, the least valuable chapter in the book. It seems especially strange that a pathologist of Dr. Richardson's experience should content himself with merely reproducing the venerable old illustrations of cancer which we find on pages 312 and 313; illustrations which have done service in Prof. Bennett's book for years past, and were based on a cardinal error to begin with. We notice, also, that in several instances the author attempts to deal with "Prognosis" and "Treatment," subjects which have no more connection with microscopy than they have with astronomy.

In spite of these minor defects, however, we heartily commend this book as the "Hand-Book of Medical Microscopy" best fitted for the physician's office table.

Mr. Phin's little work, which is a mere *brochure*, "intended for beginners," is a step in the right direction. It is a vehicle of good common sense, in proof of which we quote the following from page 44: "The proper question" [in regard to magnifying power,] "is not, how much does a microscope magnify, but how much does it show." "A magnifying power of one hundred diameters, obtained by the use of first class objectives, will enable us to see more of the true structure of an object than could be reached by a magnifying power of five hundred, the lenses in the latter case being of inferior quality." Without attempting an exhaustive review of this miniature volume, it is sufficient to say that it contains the essentials of *amateur* microscopy, which is all the author claims for his modest, but meritorious effort. I. N. D.

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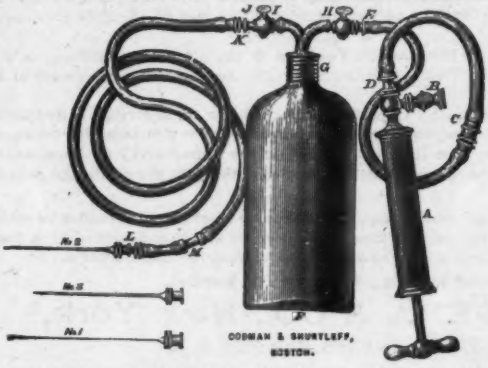


Fig. 68.


Fig. 69.

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